

Thank you for your interest in this product

It is the mission of Golden Rule Insurance Company, as a UnitedHealthcare company, to help people live healthier lives.

We are available to answer your questions and help you without any obligation to buy. **If you need help understanding this product, call Golden Rule Insurance Company, visit uhone.com, or contact your health insurance agent.**

Below is a notice required by law.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
 - If you have this policy through your job, or a family member's job, contact the employer.
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Questions about this product may be answered by the details found in this brochure.



Hospital SafeGuard

Fixed benefit coverage to help with out-of-pocket costs

THIS PRODUCT PROVIDES LIMITED BENEFITS

This fixed indemnity insurance product provides benefits in a stated amount regardless of actual expenses incurred. Golden Rule Insurance Company is the underwriter of these insurance plans.

Policy Form HOSPCONF1-GRI-36

**United
Healthcare**

Golden Rule
Insurance Co.

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Why choose us?



Strength and experience
UnitedHealthcare provides over 27 million Americans with access to health care.¹ Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 80 years.



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



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

¹ UnitedHealth Group Annual Form 10-K for year ended 12/31/23. ² As of 12/14/23. For the latest rating, access [ambest.com](https://www.ambest.com). The current "A+" rating is the second highest rating out of 13 possible ratings.

This is a hospital indemnity policy. THIS POLICY PROVIDES LIMITED BENEFITS. 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.

Hospital SafeGuard



What if you had a hospital stay?

The cost of medical care, especially of a hospital stay, can add up quickly. Hospital SafeGuard can help fill the gaps in your health coverage by providing cash to assist with paying for your deductible or non-covered expenses from a qualifying hospital stay. Hospital SafeGuard provides fixed benefits for inpatient hospital and intensive care unit stays.



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. Regardless of the cost of medical expenses or the amount other insurance pays, the fixed benefit amount is paid for a qualified hospital stay.



How does a fixed indemnity insurance plan work?

There is no deductible, copays, or coinsurance to pay with this plan. If you receive qualified medical service and submit a claim to us, then qualifying benefits will be paid directly to you.¹ You use it how you want.

Hospital SafeGuard offers help when you need it most

With this plan:

- Benefits are yours to use however you like
- You can choose any provider and are not limited to a network
- No deductible to meet prior to receiving benefit payments
- Benefits are paid regardless of other insurance
- Available for issue ages 18 - 64 and eligible dependents
- No waiting period
- Guaranteed renewable until age 65 as outlined in the policy

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

Highlights of benefits

Hospital SafeGuard pays a fixed cash benefit for qualifying expenses, regardless of actual expenses incurred.

Hospital Services (per person)		Plan A	Plan B
Inpatient Hospital Confinement Illness/Injury¹ (Standard Care)	We pay:	\$1,000 per day Maximum of 31 days per calendar year	\$2,000 per day Maximum of 7 days per calendar year
Intensive Care Unit (ICU) Confinement¹ for sickness or injury (in addition to Inpatient Hospital Confinement ²)	We pay:	\$1,000 per day Maximum of 10 days per calendar year	\$2,000 per day Maximum of 7 days per calendar year

¹ Benefits are paid per 24 hours and subject to preexisting conditions. See page 7 for details. ² If the Inpatient Hospital Confinement benefit is exhausted (calendar year maximum is reached) before a qualified ICU stay begins, only the ICU benefit will be payable.

Exclusions/Limitations

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.

Exclusions and/or limitations

The policy does not pay benefits for any loss caused by, resulting from, for or relating to any of the following:

- Any care or treatment which is not specifically provided for in the policy.
- 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; 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.
- 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 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, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports or scuba/skin diving (60 or more feet in depth).
- Operating a taxi or any other passenger transportation for wage, compensation or profit.
- Routine well-baby care of a newborn infant while inpatient
- Any injury sustained while performing the duties of any type of non-commercial aircraft crew member, including giving or receiving training on an aircraft.
- Hospital confinement for elective surgery that is not medically necessary within the first 12 months of the effective date of coverage.
- Donating an organ within the first 12 months of the effective date of coverage.
- Care or treatment which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge.
- Expenses for care or treatment imposed on you or your covered dependent by a provider (including a hospital) but which are actually the responsibility of the provider to pay.
- Care or treatment not administered or ordered by a doctor, or care 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 an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Care or treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
- 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.

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.

Eligibility and Renewability

At time of application, the primary insured and spouse (which includes the person to whom you are married or domestic partner in a domestic partnership established under Oregon law) must be between 18-64 years of age (drop off on 65th birthday). Eligible children (which includes your or your spouse's natural child, legally adopted child, child placed with you or your spouse for adoption, or a child for whom legal guardianship has been awarded to your or your spouse) must be between 0-25 years of age (drop off on 26th birthday).

Misstatement of Age or Tobacco Use

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

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 of the loss or as soon as reasonably possible.

Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as reasonably possible. Proof of loss furnished more than one year after the date written proof of loss is required to be submitted will not be accepted, unless a covered person had no legal capacity in that year.

Preexisting Conditions

We will not pay benefits under the policy for a loss which manifests due to, results from, is caused or contributed to, or contributed by a Preexisting Condition. The Preexisting Condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.

Preexisting Condition means an illness, injury, or condition:

- For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under the policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the policy.

This Preexisting Conditions limitation does not affect our rights with respect to fraudulent misstatements made in an application or material misstatements made in an application about a preexisting illness, injury, or condition if full knowledge of the illness, injury, or condition would have caused us to decline coverage to a person. These rights are set forth in the policy.

Premium Change

Premiums are subject to change. The age of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. We will notify you in writing at least 31 days in advance of a premium change.

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.

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.

Renewability and Termination of Policy

Coverage will end for any covered person on the earliest of:

- The primary insured's 65th birthday. If the policy is other than a primary insured only plan, it maybe continued after the primary insured's death or after the primary insured's 65th 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 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; or
- The date of the primary insured's death.

Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

Note to our customers about supplemental insurance

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

Health plan notices of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

View notice here. Please review it carefully.

(<https://www.uhc.com/content/dam/uhc.com/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

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

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

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

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