



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.

45397C1CA-G-0524 (includes: 45397-G-1023, 47733-G-0524, 45642-G-1118, 45676-G-1118)

 **UnitedHealthcare®**
Golden Rule
Insurance Company

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.*





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 DEDUCTIBLE ¹ (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 AMOUNT ³ Primary Insured, per illness. Lifetime maximum is 3 times amount chosen.	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/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)



Additional Information:

The ratio of incurred claims to earned premiums (loss ratio) for total accident and health for Golden Rule Insurance Company in all states in 2023 was 57.2%.

California Nondiscrimination Notice and Access to Communication Services

Golden Rule Insurance Company does not exclude, deny covered health care benefits to or otherwise discriminate against any member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in or receipt of the covered health care services under any of its health plans, whether carried out by Golden Rule Insurance Company directly or through a Network Medical Group or any other entity with which Golden Rule Insurance Company arranges to carry out covered health care services under any of its health plans.

Free services are available to help you communicate with us. Such as letters in other languages or in other formats like large print. Or you can ask for an interpreter at no charge. To ask for help, please call the toll-free number (800) 657-8205. TTY 711

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Grievance Administrator
PO Box 31371
Salt Lake City UT 84131-0371
Fax: 801-478-5463
Phone: 800-657-8205
uhoappealsandgrievances@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free number listed on your health plan ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

California Language Assistance Notice

English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

Puede tener derecho a los derechos y servicios a continuación. Puede obtener un intérprete o servicios de traducción sin cargo. La información por escrito también puede estar disponible en algunos idiomas sin cargo. Para obtener ayuda en su idioma, llame a su plan de salud al: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Chinese

重要語言信息：

您可能有權享受以下權利和服務。您可以免費獲得口譯或翻譯服務。書面信息也可能以某些語言免費提供。如需獲得您的語言幫助，請致電您的健康計劃：Golden Rule Insurance Company 1-800-657-8205 / TTY：711.

Arabic

معلومات مهمة عن اللغة:

تتبعكم معلومات مهمة عن اللغة. لياقمن نودب تمجرت تامدخ وأ مجرتم إلى وصلها كنكم. مائداً تامدخاو قوقطلا إلى وصلها كل قحيدقة ناونعلا إلى لكب تصاخلا تحصلا قياعرلا تطخبل اصتلاا ي جري، ك تغلب قدعاسملا إلى وصلها. لياقمن نود تاغللا ضعبي في أضياً تحاتم Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Armenian

ԿԱՐԵՎՈՐ ԼԵՋՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ:

Դուք կարող եք իրավասվել ստորև նշված իրավունքներին եւ ծառայություններին: Դուք կարող եք անվճար թարգմանիչ կամ թարգմանչական ծառայություններ ստանալ: Գրավոր տեղեկությունները կարող են մատչելի լինել նաեւ որոշ լեզուներով անվճար: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել ձեր առողջապահական ծրագիրը՝ Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Cambodian

ព័ត៌មានជាភាសាសំខាន់:

អ្នកអាចមានសិទ្ធិទទួលបានសិទ្ធិនិងសេវាកម្មដូចខាងក្រោម។
អ្នកអាចទទួលបានអ្នកបកប្រែឬអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃ។
ព័ត៌មានដែលអាចសរសេរបានអាចមានជាភាសាមួយចំនួនដោយមិនគិតថ្លៃ។
ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅផែនការសុខភាពរបស់អ្នកនៅ: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است به حقوق و خدمات زیر توجه داشته باشید. شما می توانید مترجم یا خدمات ترجمه را بدون هزینه دریافت کنید. اطلاعات نوشته شده ممکن است در بعضی از زبانها بدون پرداخت هزینه باشد. برای دریافت کمک به زبان خود، لطفاً با برنامه بهداشتی خود تماس بگیرید:

Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Hindi

महत्वपूर्ण भाषा जानकारी:

आप नीचे अधिकार और सेवाओं के हकदार हो सकते हैं। आप बिना किसी शुल्क के एक दुभाषिया या अनुवाद सेवाएं प्राप्त कर सकते हैं। बिना किसी शुल्क के लिखित जानकारी कुछ भाषाओं में भी उपलब्ध हो सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपनी स्वास्थ्य योजना यहां कॉल करें: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Hmong

COV LUS LUS TSEEM CEEB:

Koj tuaj yeem tsim nyog tau cov cai thiab cov kev pab hauv qab no. Koj tuaj yeem tau txais neeg txhais lus los yog txhais lus pab dawb tsis them nyiaj. Cov ntaub ntawv sau kuj muaj nyob rau qee hom lus dawb xwb. Xav tau kev pabcuam ntawm koj hom lus, thov hu rau koj qhov kev npaj khomob ntawm: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Japanese

重要な言語情報 :

あなたは以下の権利とサービスを受ける権利があります。通訳や翻訳サービスを無料で受けることができます。書かれた情報は、一部の言語で無償で入手できる場合もあります。あなたの言語で助けを得るためには、あなたの健康計画に電話してください : Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Korean

중요한 언어 정보 :

귀하는 아래 권리와 서비스를 받을 자격이 있습니다. 통역사 또는 번역 서비스를 무료로 받으실 수 있습니다. 서면 **정보**는 일부 **언어**로 무료로 제공 될 수도 있습니다. 귀하의 **언어**로 도움을 받으려면 다음의 건강 플랜에 전화하십시오. Golden Rule Insurance Company 1-800-657-8205 / TTY: 711..

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਬਾਸ਼ੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ. ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਗੀਦਾਰਾਂ 'ਤੇ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ' ਤੇ ਵੀ ਉਪਲਬਧ ਹੋ ਸਕਦੀ ਹੈ. ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

Вы можете иметь право на права и услуги, указанные ниже. Вы можете бесплатно получить переводчика или услуги переводчика. Письменная информация также может быть доступна на некоторых языках бесплатно. Чтобы получить помощь на своем языке, позвоните в свой план медицинского обслуживания по адресу: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

Maaaring may karapatan ka sa mga karapatan at serbisyo sa ibaba. Maaari kang makakuha ng isang interpreter o mga serbisyo ng pagsasalin nang walang bayad. Ang nakasulat na impormasyon ay maaari ding makuha sa ilang mga wika nang walang bayad. Upang makakuha ng tulong sa iyong wika, mangyaring tawagan ang iyong planong pangkalusugan sa: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711.

Thai

ข้อมูลภาษาสำคัญ:

คุณอาจได้รับสิทธิและบริการด้านล่าง คุณสามารถขอรับบริการล่ามหรือแปลภาษาโดยไม่มีค่าใช้จ่าย
ข้อมูลที่เป็นลายลักษณ์อักษรอาจมีให้บริการในบางภาษาโดยไม่มีค่าใช้จ่าย
หากต้องการความช่วยเหลือในภาษาของคุณโปรดติดต่อแผนประกันสุขภาพของคุณได้ที่: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

Bạn có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể nhận dịch vụ phiên dịch hoặc dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể có sẵn bằng một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của bạn, vui lòng gọi cho chương trình sức khỏe của bạn tại: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711