

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278-1719
For Inquiries: (800) 657-8205

In this outline, "you" or "your" will refer to the person whom this outline has been prepared for, and "we," "our," or "us" will refer to Golden Rule Insurance Company, a stock company.

Fixed Indemnity Coverage
Health ProtectorGuard
Outline of Coverage for Policy Form HPG3-CSTM-GRI-48
(Please retain this outline for your records)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Policy Carefully -- This outline sets forth a brief description of the important aspects of your policy. This is not the insurance contract. Only the actual policy will control. The policy sets forth in detail your and our rights and obligations. For this reason, it is important that you **READ YOUR POLICY CAREFULLY!**

Fixed Indemnity Coverage -- Plans of this type are designed to pay a specific benefit amount for a loss for ambulance, emergency care, hospitalization, office visits/urgent care, outpatient prescription drugs (if included in your plan), outpatient services (if included in your plan), and surgery services. Coverage is subject to the provisions or other limitations that may be set forth in the policy.

Indemnity Benefits

The applicable benefit amount is payable as set forth in the policy for the following benefits:

- A. For a licensed professional ground or air ambulance service used to transport a covered person to a hospital or emergency care facility due to an illness or injury. The ambulance benefit is limited to emergency transportation to a hospital or transportation between hospitals during a period of hospital confinement when a higher level of care is medically necessary.
- B. For the first inpatient day a covered person is admitted as an inpatient, including observation in an observation unit of 24 hours or more.
- C. For each day a covered person receives services for hospital emergency room care.
- D. For each visit by a doctor while a covered person is inpatient in a hospital.
- E. For each day a covered person is hospital confined as an inpatient under the orders of a doctor. The day before a

covered person is discharged is the covered person's last inpatient day.

- F. For the following outpatient diagnostic imaging and testing services received by a covered person (if applicable):
 - 1. X-rays.
 - 2. Other diagnostic tests including the following:
 - a. Ultrasound.
 - b. Electrocardiogram (EKG).
 - c. Electroencephalogram (EEG).
 - d. Angiogram.
 - e. Arteriogram.
 - f. Thallium stress test.
 - g. Myelogram.
 - 3. Magnetic Resonance Imaging (MRI) / Position Emission Tomography (PET) / Computed Tomography (CT) Scans.
- G. For each day a covered person receives services from a surgeon, assistant surgeon, or anesthesiologist for inpatient

or outpatient surgery as prescribed by a doctor.

Surgeries may be performed in a hospital inpatient setting or an outpatient surgical facility.

If multiple surgical procedures occur on the same day, we will pay one benefit amount, which will be the largest applicable surgery services (inpatient and outpatient) benefit amount that is shown on the Data Page for the surgery.

A surgical procedure is only eligible for one Indemnity Amount listed on the Data Page. If a surgical procedure falls under more than one tier, we will pay the highest tier Indemnity Amount.

- H. For each day a covered person has outpatient surgery in an outpatient surgical facility while not in a period of hospital confinement.

Amount Payable

Amount Payable: The applicable specified benefit amount will be paid which results from a loss while a covered person's insurance is in force subject to all terms, conditions, limitations, exclusions, waiting periods and benefit maximum limits under the policy.

What Is Not Covered

This is not major medical insurance.

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

- A. A loss occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- B. Intentionally self-inflicted bodily harm (whether the covered person is sane or insane).
- C. Any act of declared or undeclared war.
- D. Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- E. The covered person taking part in a riot.

- F. The covered person's commission or attempt to commit a felony, whether or not charged.
- G. A loss incurred as a result of the covered person being intoxicated or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- H. Cosmetic treatment, including hospital confinement for such services.
- I. Sexual reassignment surgery.
- J. Infertility treatment.
- K. Pregnancy or childbirth (except for complications of pregnancy).
- L. Hospital confinement for the first Friday or Saturday of an inpatient stay that begins on one of those days, unless it is an emergency or medically necessary inpatient surgery is scheduled for the day after the date of admission.
- M. Hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by this policy).
- N. Operating a taxi or any other passenger transportation services for wage, compensation, or profit.
- O. As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
 - 1. Professional or semi-professional sports; intercollegiate sports (not including intramural sports);
 - 2. Parachute jumping; hang-gliding; skydiving; bungee jumping; parakiting;
 - 3. Racing or speed testing any motorized vehicle or conveyance;
 - 4. Racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct);
 - 5. Scuba/skin diving (when diving 60 or more feet in depth);

- 6. Rodeo sports; horseback riding (if the covered person is paid to participate or to instruct);
- 7. Rock or mountain climbing (if the covered person is paid to participate or to instruct); or
- 8. Skiing (if the covered person is paid to participate or to instruct).
- P. 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.
- Q. Fees/surcharges imposed on you or your covered dependent by a provider (including a hospital) but which are actually the responsibility of the provider to pay.
- R. Services incurred during the waiting period.
- S. Services performed by a member of the covered person's immediate family.
- T. Services or supplies that are not administered or ordered by a doctor, or are not medically necessary to the diagnosis or treatment of an illness or injury.
- U. Routine well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- V. Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- W. Any loss related to the treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
- X. Any loss related to performance of an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Y. Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- Z. Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
 - AA. Any loss for dental expenses, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 - 1. Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 - 2. The services resulting in the dental expense are received within six months of the accident or as part of a treatment plan which was prescribed by a doctor and was begun within six months of the accident.
 - BB. Experimental or investigational treatment(s). The fact that an experimental or investigational treatment is the only available treatment for a particular condition will not result in benefits if the procedure is considered to be an experimental or investigational treatment for the treatment of that particular condition.

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, or complications resulting from a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under this policy.

"Preexisting condition" means an illness, injury or condition misrepresented or not fully disclosed on the application for insurance:

- A. 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 this policy; or
- B. 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 this policy.

Definitions

“Grievance” means any dissatisfaction with us in writing in any form to us by you, or on your behalf, including any of the following:

- C. Provision of services.
- D. Determination to reform or rescind a policy.
- E. Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders.
- F. Claim practices.

Term of Coverage and Renewability

The policy term begins as of the effective date of the policy. You may keep the policy in force, subject to the Termination provisions in the policy, by paying us the required premium as it comes due. However, we may cancel the policy if there is a fraud or misrepresentation made by or with the knowledge of a covered person in filing a claim.

If the policy is other than a primary insured only plan, it may be continued after your death or after your 65th

birthday by your spouse or eligible child if a covered person.

Premium

From time to time, we may change the rate table used for this policy form. 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. On each premium’s due date, the premium will be based on the rate table in effect in the state where the policy was issued. After the initial 12 months following the policy effective date, the age, sex, and tobacco class of covered persons and type and level of benefits on the premium due date are some of the factors that could be used in determining your premium rates. At least 60 days written notice of any plan to take an action or make a change permitted by this clause will be mailed to you at your last address as shown in our records. We will make no change in your premium solely because of claims made under this policy or a change in a covered person’s health.