

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.



HospitalWise | AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NV, OH, OK, SC, SD, TN, TX, UT, WI, WV, and WY



HospitalWise

Fixed benefit coverage for hospital stays

THIS POLICY PROVIDES LIMITED BENEFITS.

HospitalWise® is a hospital indemnity insurance product that provides benefits in a stated amount regardless of actual expenses incurred. This product is supplemental to health insurance.

Golden Rule Insurance Company is the underwriter and administrator of these insurance plans. Policy Forms HW-GRI and other state variations | Standard rider forms: SA-S-3062-GRI (ICU Benefit Rider), SA-S-3064-GRI (Non-Insurance Incentives Rider) and other state variations. | Optional benefit rider forms: SA-S-3061-GRI (Outpatient Care Benefit Rider), SA-S-3071-GRI (Ambulance Benefit Rider), SA-S-3072-GRI (Outpatient Major Diagnostic Benefit Rider), SA-S-3073-GRI (Outpatient Surgical Benefit Rider), SA-S-3074-GRI (Wellness Benefit Rider) and other state variations.

**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 out of 13 possible ratings.

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.

HospitalWise



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. Even with other health insurance, often you have some personal responsibility to cover a copay or other costs. While a HospitalWise plan can't keep you out of the hospital, it can help offer some cash relief with fixed cash benefits.



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. If you receive an eligible service and the claim is submitted to us, then qualifying benefits will be paid to you as determined by your plan. See the next page for eligible services and the fixed benefit amounts.



Choice of benefits; use the money how you want

With the HospitalWise hospital indemnity plan, a cash benefit will be paid directly to you¹ for a qualified medical expense. 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 are paid regardless of other insurance.

HospitalWise includes straightforward cash benefits for:

- Inpatient hospital stay for sickness or injury
- Intensive care unit (ICU) stay
- Hospital observation (12 to 24 hours)

HospitalWise also has options to add more benefits for²:

- Emergency room/urgent care visits/doctor's office visits
- Outpatient surgery and major diagnostic exams
- Ambulance trips
- Wellness visits³

It's also good to know:

- There is no waiting period for standard plan benefits and most optional benefits^{3,4}
- Available for issue ages 18-64
- Guaranteed issue, meaning no medical questions⁴
- Plans are renewable for life 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. ² Available in most states. Additional premium applies. Details about benefits are on the next page. Benefits may vary by state. ³ 30-day waiting period in most states for optional Wellness benefit riders. ⁴ Preexisting Conditions apply.

Highlights of policy benefits

HospitalWise is designed to help cover some of the costs related to hospital stays. The benefit days and flexibility to choose benefit amounts in \$500 increments allows you to be in control of choosing coverage that best addresses any out-of-pocket costs you may have after your primary insurance pays. The benefit is paid to you, so you get to choose how you use it.

Benefits per person	Benefit options
Inpatient Hospital Confinement for Sickness or Injury (includes observation period over 24 hours)	Benefit maximum and benefit amount must be chosen when applying: <ul style="list-style-type: none">• Max 1 day per period of confinement¹: \$1,000 - \$10,000 per day (in increments of \$500)• Max 3 days per period of confinement¹: \$1,000 - \$3,000 per day (in increments of \$500)• Max 10 days per period of confinement¹: \$500 or \$1,000 per day
Hospital Observation for sickness or injury (in lieu of Inpatient Hospital Confinement for Sickness or Injury; for 12 to 24-hour period)	100% of the Inpatient Hospital Confinement benefit chosen; max 4 days per person, per Calendar Year
Intensive Care Unit confinement for sickness or injury (in addition to Inpatient Hospital Confinement for Sickness or Injury)	100% of the Inpatient Hospital Confinement benefit chosen; limited to same max number of days per period of confinement

Benefits are subject to plan provisions, Exclusions/Limitations, and all Policy Provisions. 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.

¹ 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.

Highlights of optional benefits

Out-of-pocket costs are not limited to hospital stays. That's why HospitalWise offers optional benefits to help expand your cash benefit coverage to include other services important to you.

Optional benefit riders	Benefit rider options
Riders are available at time of application only and apply to all persons on the policy. Additional premium applies. Benefits are per person.	
Outpatient Care For emergency room (ER), urgent care facility (UC), or doctor's office (DO) visits due to sickness or injury	ER: \$250 - \$750 per day (in increments of \$250) UC: 50% of chosen ER benefit amount DO: 20% of chosen ER benefit amount Combined maximum 4 days per Calendar Year
Outpatient Surgical For surgery performed at outpatient surgical facility due to sickness or injury	\$1,000 - \$4,000 per day (in increments of \$1,000) 2 days maximum per Calendar Year
Outpatient Major Diagnostic¹ For diagnosis and treatment of sickness or injury	\$250 - \$1,000 per day (in increments of \$250) 2 days maximum per Calendar Year
Ambulance Ground or air transportation for sickness or injury resulting in inpatient hospital confinement	Ground: \$250 - \$1,000 per day (in increments of \$250) Air: 10 times chosen Ground benefit amount Combined maximum 4 days per Calendar Year
Wellness² (30-day waiting period) For covered wellness exam or procedure	\$75 per day 1 day maximum per Calendar Year

Benefits are subject to plan provisions, Exclusions/Limitations, and all Policy Provisions. Benefit availability, amounts, periods, and limitations may vary by state. See State Variations. Only one indemnity benefit amount is payable per person, per day for the same or similar service or procedure. If such duplication occurs with varying benefit amounts (i.e. Outpatient Care or Ambulance), we will pay the largest of the applicable benefits for that service or procedure. Benefits are subject to Preexisting Conditions. See page 10 for details. Calendar Year means a 12 month period beginning January 1 and ending December 31.

¹Diagnostic 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). ² Examples of covered procedures include annual physical, immunization, vaccine, colonoscopy, and mammography. For complete list, see benefit rider with the policy.

UHC Member Hub and Optum Perks



UHC Member Hub and Optum Perks

Manage your HospitalWise 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 information, managing billing and submitting claims. To receive plan benefits for eligible services, go to **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 you¹, so you can use the money how you need.



Rx discounts with Optum Perks

There's a simple way most can save 30-80%² on prescriptions. It's called Optum Perks. Just visit **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.

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. ² 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).

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.
- 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)
- 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 (continued)

(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).

- 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 any mental or nervous disorder or 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 6 months of the accident or as part of a treatment plan which was prescribed by a physician and was begun within 6 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.

Policy 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).

Eligibility

At the time of application, the primary insured must be 18 - 64 years of age. Your spouse which is the person to whom you are legally married or your domestic partner (or as defined by state) is also eligible. Eligible child is your or your spouse's child less than 26 years of age. Child includes: natural child; legally adopted child; child placed with you or your spouse for adoption; or child for whom legal guardianship has been awarded to you and your spouse (or as defined by state).

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-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.

Policy 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).

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 end of the period through which premium has been paid following our receipt of your request for termination.
- 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.

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 10 days (or as required by state) and have the paid premium refunded. Refer to policy for details.

Underwriting

Plans are guaranteed issue. However, if you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

State Variations

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

Alabama

Form HW-GRI-AL

- 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.

Alaska

Form HW-GRI-AK

- In the exclusion for services or supplies that are not administered or ordered by a physician, it does not apply if they are administered by a nurse acting on the orders of a physician.
- In the Premium Change provision, we will give at least a 45-day notice of any changes.

Arizona

Form HW-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.

Arkansas

Form HW-GRI-AR

- In the exclusion for loss for treatment programs for substance use disorder, the treatment does not have to be court ordered.

Colorado

Form HW-GRI-CO

- **The optional Wellness rider is not available.**
- Spouse is expanded to include civil union partner.
- 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.

Connecticut

Form HW-GRI-CT

- **The following optional benefit riders are not available: Outpatient Care, 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.
- There is an exclusion for aviation.
- 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.
 - Directly or indirectly engaging in an illegal occupation or illegal activity.
- There is a 30-day Right to Examine period.

State Variations (continued)

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

Delaware

Form HW-GRI-DE

- There are no state variations.

District of Columbia

Form HW-GRI-DC

- Spouse is expanded to include civil union partner.
- Eligible child is expanded to include a minor grandchild, niece or nephew if a covered person is responsible for their primary care, and their legal guardian, if other than the covered person, is not covered by an accident or sickness 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; 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.

Florida

Form HW-GRI-FL

- Eligible child is expanded to include your or your spouse's child if that child is under the age of 31, unmarried, and not covered by any other health benefit plan. It also includes your or your spouse's foster child.
- 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 HW-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.

Hawaii

Form HW-GRI-HI

- There are no state variations.

Illinois

Form HW-GRI-IL

- **The optional Wellness rider is not available.**
- "Spouse" is expanded to include civil union partner.
- Eligible child means your or your spouse's child if that child is:
 - Less than 26 years of age; or
 - Less than 30 years of age and all of the following: an Illinois resident; has served as a member of the United States Armed Forces; has received a release of discharge other than a dishonorable discharge; and has submitted a copy of his/her form DD214 Certificate of Release or Discharge from active duty to us stating the date on which the he/she was released from service.
- 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 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.

Indiana

Form HW-GRI-IN

- There are no state variations.

State Variations (continued)

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

Iowa

Form HW-GRI-IA

- There is a 30-day Right to Examine period.

Kansas

Form HW-GRI-KS

- **The Outpatient Care, Outpatient Major Diagnostic, and Wellness benefit riders are not available.**

Kentucky

Form HW-GRI-KY

- In the Premium Change provision, rates will not change during initial 12 months and not more than once in any 12 month period following the initial 12 months.
- In the Notice of Claim provision, we must receive notice of claim within 60 days of the date of loss or as soon as reasonably possible.

Louisiana

Form HW-GRI-LA

- The term “spouse” does not include your domestic partner.
- Eligible child is expanded to include a grandchild who is in your or your spouse's legal custody and residing in your home or a child placed with you following execution of an act of voluntary surrender in your favor effective on the date the act of voluntary surrender becomes irrevocable.
- 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 6 month period following that initial 12 month period. We will give you at least 45 days notice of any changes.
- 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.
- There is a 30-day Right to Examine period.

Maine

Form HW-GRI-ME

- In the Premium Change provision, we will provide at least a 60-day notice of any changes.

Maryland

Form HW-GRI-MD

- **There is a Second Opinion benefit of \$100 per person, per period of confinement, payable if the hospital's utilization review program requires an objective opinion when a covered person is confined in a hospital due to a sickness or injury.**
- There is no waiting period for the optional Wellness benefit.
- There is an exclusion for any expenses as a result of a prohibited health care practitioner referral, as required by Maryland laws and regulations.
- The following exclusions do not apply:
 - The covered person taking part in a riot.
 - The covered person's commission or attempt to commit a felony.
 - Directly or indirectly engaging in an illegal occupation or illegal activity.
- In the Premium Change provision, we will provide at least a 45-day notice of any changes.
- In the Termination of Policy provision, termination for nonpayment occurs the last day of the grace period, if the premium due is not paid by the last day of the grace period.

Michigan

Form HW-GRI-MI

- The following exclusions do not apply:
 - Intentionally self-inflicted bodily harm.
 - The covered person taking part in a riot.
 - Engaging in illegal occupation or illegal activity.

State Variations (continued)

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

Michigan (continued)

- 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.

Minnesota

Form HW-GRI-MN

- Eligible child is expanded to include a grandchild who is financially dependent upon, and resides with, you or your spouse continuously from birth.
- There is a 30-day Right to Examine period.

Mississippi

Form HW-GRI-MS

- In the Premium Change provision, we will provide at least a 75-day notice of changes.
- Misstatement of Residence provision is renamed Change of Residence provision. Your premium will be based on place of residence on the policy effective date. 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 first premium due date you resided at the place of residence.
- In the Termination of Policy provision, if you request termination, we will terminate your policy on the date we receive the request or any later date stated in your request.

Missouri

Form HW-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.
- The Preexisting Condition limitation will not apply to an eligible child legally placed for adoption with you or your spouse.

Nebraska

Form HW-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 qualified 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 HW-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.
- The exclusion for engaging in an illegal occupation or illegal activity does not apply.

North Carolina

Form HW-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.
- The exclusion for cosmetic treatment does not apply to congenital defects and anomalies.

State Variations (continued)

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

North Carolina (continued)

- 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.
- Eligible child is expanded to include a foster child.
- In the Termination of Policy provision, the date there is fraud does not apply but the date there is a material misrepresentation still applies.

North Dakota

Form HW-GRI-ND

- The exclusion for a loss sustained while incarcerated does not apply.

Ohio

Form HW-GRI-OH

- There are no state variations.

Oklahoma

Form HW-GRI-OK

- The exclusion for any act of declared or undeclared war applies while serving in the military or an auxiliary unit thereto.
- The exclusion as a result of any injury sustained while operating, riding in, or 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.
- There is a 30-day Right to Examine period.

South Carolina

Form HW-GRI-SC

- There is a 30-day Right to Examine period.

South Dakota

Form HW-GRI-SD

- The exclusion for felony only applies to a commission. It does not apply to an attempt to commit.
- In the exclusion for sickness or injury in the course of employment while under workers' compensation, it only applies if the covered person is paid by workers' compensation.
- The exclusion for services performed by a member of the covered person's immediate family does not apply if that is the only provider in the area and the provider is acting within the scope of license.
- In the exclusion for loss for dental services, there is an exception if there is an injury due to accident that results in damage to natural teeth. In SD, this is not required to be natural teeth.

State Variations (continued)

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

Tennessee

Form HW-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 HW-GRI-TX

- For the Inpatient Hospital Confinement for Sickness or Injury benefit, after you reach your maximum number of days, a benefit of \$50 per person, per day, is payable for the remainder of the qualifying confinement, up to 31 days.
- 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.
- Eligible child is expanded to include a child for whom you or your spouse must provide medical support under a court order; a child for which you or your spouse are party to a suit seeking to adopt the child; and your or your spouse's grandchild that is unmarried, less than 26 years of age, and is your or your spouse's dependent for federal income tax purposes at the time of application.
- In the Termination of Policy provision, termination on the date you are no longer a permanent resident of the United States does not apply.

Utah

Form HW-GRI-UT

- There is no waiting period on the Wellness benefit.
- The exclusion for covered person taking part in a riot applies to voluntarily taking part.
- The exclusion for covered person's commission or attempt to commit a felony applies to voluntarily committing.
- The exclusion for directly or indirectly engaging in an illegal occupation or illegal activity applies to voluntarily engaging.
- 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).

State Variations (continued)

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

Utah (continued)

- 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.
- Eligible child is expanded to include your child for whom you are required by a court or administrative order to provide medical coverage or a disabled eligible child, regardless of age. In addition, a child placed with you or your spouse for adoption is only eligible if they were placed prior to attaining the age of 18.
- In the Premium Change provision, we will provide at least a 45-day notice of any changes.
- There is a 30-day Right to Examine period.

West Virginia

Form HW-GRI-WV

- There are no state variations.

Wisconsin

Form HW-GRI-WI

- An Outline of Coverage for this state, HW-OC-GRI-WI, can be viewed at <https://stage.uhone.com/api/supplysystem/?Filename=50842OCWI-G202412.pdf>.
- In the Premium Change provision, we will give you at least a 60-day notice of any changes.

Wyoming

Form HW-GRI-WY

- **The policy does not contain comprehensive adult wellness benefits as defined by law.**
- 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 Notice of Claim provision, we must receive notice of claim within 60 days of the date of loss or as soon as reasonably possible.

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.