

# Accident SafeGuard Premier

This product provides limited benefits.

Accident SafeGuard Premier is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.



Golden Rule Insurance Company is the underwriter and administrator of these plans.

Policy Form ACC-EXP2-GRI, -42, and other state variations

 **UnitedHealthcare<sup>®</sup>**  
Golden Rule  
Insurance Company

44136C1-G-1116 (includes: 44136-G-0816, 44136i-G-1116)



# Accident SafeGuard Premier

## Accidents Happen

You never know when you or someone in your family will get hurt in an accident. When it happens, you could end up with several medical bills.

Even if you have health insurance, the extras from an accidental injury can still take a lot out of your pocket. If you don't have health insurance, the bills could cost you even more.

## Accident SafeGuard Premier

**Pays covered expenses resulting from qualifying accidental injuries, after deductible, up to the calendar-year benefit maximum. See pages 3-6 for details.**

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.

You'll receive a complete list of benefits with the policy. Please read the policy carefully. Payment of benefits is subject to all policy terms, conditions, and the maximum benefit.

This brochure must be used in conjunction with the Accident SafeGuard Premier State Variations Insert 44136i-G.



## Injuries in the U.S.

“Each year, millions of people are injured and survive. In fact, more than 3 million people are hospitalized; 27 million people are treated in emergency departments and released each year. These people are often faced with life-long mental, physical, and financial problems.”

— “Cost of Injuries and Violence in the United States,” Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, September 2015.



# Highlights of Covered Expenses

All treatment must be completed within 365 days of accident. Exclusions and limitations may apply.

		Choose a benefit level						
Maximum Benefit Amount (per calendar year)	We pay to a maximum of:	\$2,500 per person	OR	\$4,000 per person	OR	\$5,000 per person	OR	\$6,500 per person
Deductible (per calendar year)	You pay:	The first \$250 per person (maximum 2 per family) <b>-OR-</b> if you have <b>other medical coverage</b> (see page 4), the deductible for this plan equals the benefits payable from your other medical coverage, if greater than \$250.*						

## Accidental Injuries

### Treatment time limit

<b>Burns</b>	Treatment within 48 hours of accident.
<b>Concussion</b>	Diagnosed within 48 hours of accident.
<b>Fractures</b>	Treatment within 30 days of accident.
<b>Lacerations</b>	Treatment within 48 hours of accident.
<b>Reduction of Dislocations</b>	Treatment within 90 days after accident and under general anesthesia.

## Outpatient Pharmacy

<b>Prescriptions</b>	First prescription must be prescribed within 30 days of accident.
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## Outpatient Services

<b>Ambulance – Emergency</b>	First treatment within 30 days of accident.
<b>Diagnostic Testing</b>	First treatment within 30 days of accident.
<b>Home Health Care</b>	First treatment within 30 days of accident.
<b>Hospital Emergency Room</b>	Treatment within 48 hours of accident.
<b>Doctor Office Visit: Initial</b>	First treatment within 30 days of accident.
<b>Doctor Office Visit: Follow-up</b>	Treatment must begin within 30 days of accident or hospital/rehabilitation discharge.
<b>Outpatient Surgery</b>	First treatment with 30 days of accident.
<b>Physical Therapy</b>	Physical therapy must begin within 30 days of accident or hospital/rehabilitation facility discharge and be complete within 6 months of accident.
<b>Rehabilitation/Extended Care Facility</b>	First covered expenses within 30 days of accident.
<b>Urgent Care Center</b>	Treatment within 48 hours of accident.

## Inpatient Services (within 30 days of accident)

<b>Hospital Emergency Room, Room and Board, Intensive Care Unit, Operating Room, Recovery Room, Prescription Drugs, Physician Visit, and Professional Fees of Doctors, Surgeons, Nurses</b>	First treatment within 30 days of accident. Emergency treatment within 48 hours of an injury, even if not confined.
<b>Rehabilitation/Extended Care Facility</b>	First covered expenses within 30 days of accident.

\* In Arkansas, benefits will be determined under a Coordination of Benefits provision. See Accident SafeGuard Premier State Variations (44136i-G).



# Other Details

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. On your application, you will be asked to attest that everyone applying for this coverage has minimum essential coverage under the Affordable Care Act.

## Eligibility and Renewability

At time of application, the primary insured and spouse must be between 18-64 years of age (drop off on 65th birthday) and unmarried dependent children 0-25 years of age (drop off on 26th birthday). The policy is renewable until both the primary insured and spouse have reached 65 years of age.

## Misstatement of Age, Gender, or Tobacco Use

If your age, gender, or use of tobacco has been misstated on 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 the correct age, gender, or tobacco status.

If age was misstated on the application 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.

## Notice of Claim

We must receive notice of claim within 30 days of the date the loss began or as soon as reasonably possible.

## Other Medical Coverage

Any plan or policy that provides insurance, reimbursement, or service benefits for hospital, surgical, or medical expenses. This includes payment under group or individual insurance policies, automobile no-fault or medical pay, homeowner insurance medical pay, premises medical pay, nonprofit health service plans, health maintenance organization subscriber contracts, self-insured group plans, prepayment plans, and Medicare when the covered person is enrolled in Medicare. Other medical coverage will not include Medicaid.

## Premium Change

Premiums are subject to change. The age and gender 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.

## Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as 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 you or your covered dependent had no legal capacity in that year.

## Termination of Policy

The policy will terminate on the earliest of:

- The primary insured's 65th birthday;
- 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 material misrepresentation by or with the knowledge of a covered person in filing a claim for benefits under the policy; or
- The primary insured's death.

A covered dependent's coverage will also terminate when they are no longer an eligible dependent.



# What's not covered

## Benefit Specific Limitations

- Follow up treatment for accidental injuries must begin within 30 days of an accident or 30 days of a hospital or rehabilitation facility discharge.
- Home health care limited to 7 visits per week and a lifetime maximum of 365. Respite, custodial, and educational care are not covered.
- Physical therapy limited to 1 visit per day and a maximum of 10 visits.
- Rehabilitation and Extended Care Facility services must begin within 14 days of a hospital stay of at least 3 consecutive days for the same injury. Limited to 60 days per calendar year, per covered person. No benefits payable for mental disorders or substance abuse.

## Exclusion on Charges

If a charge incurred by any covered person for services or supplies is in excess of the reasonable and customary charge, no payment will be made with respect to the excess amount of the charge. The part of the charge that is in excess of the reasonable and customary charge will not qualify as a covered expense under the policy.

## Exclusions and Limitations

All covered expenses are subject to applicable limitations set forth in the policy.

This is not major medical insurance. Even if not specifically excluded by the policy, no benefit will be paid for a service or supply unless it is administered or ordered by a doctor and the service is medically necessary to the diagnosis or treatment of an injury.

### No benefits are payable for expenses:

- For any services not identified and included as covered expenses under the policy. You will be fully responsible for payment for any services which are not covered under the policy.
- For services provided by an immediate family member.
- For cosmetic treatment.
- For services for which no charge is made.
- For experimental or investigational treatment(s) or unproven services.

- For television, telephone, telephone consultations, failure to keep a scheduled appointment, or expenses for other persons.
- For a hospital admission on Friday or Saturday (room, board, and nursing services), unless it is an emergency, or medically necessary surgery is scheduled on the next day.
- For standby availability of a medical practitioner when no treatment is rendered.
- While confined primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the policy).
- For or related to durable medical equipment or for its fitting, implantation, adjustment, repair, removal, or for complications therefrom, except as expressly provided for by the policy.
- For vocational or recreational therapy, vocational rehabilitation, outpatient speech therapy, or occupational therapy, except as expressly provided for in the policy.
- For expenses incurred outside of the United States, except for expenses incurred for emergency treatment of a covered person.
- For alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health, except as specifically identified as a covered expense under the policy.
- For dental, unless a covered person sustains an injury, after the covered person's effective date of coverage, 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 expenses are incurred within 6 months of the accident or as part of a treatment plan prescribed by a doctor and was begun within 6 months of the accident.
- For prescription drug costs in excess of the generic equivalent, even if the doctor specifies brand name.
- For prescription drugs for a covered person who is enrolled in Medicare Part D.
- For prescription drugs or treatment for erectile dysfunction or any enhancement of sexual performance.



# What's not covered, continued

## Exclusions and Limitations, continued

### No benefits are payable for any loss caused by or resulting from:

- Illness, disease, or bodily infirmity, or the medical treatment of any of these.
- Any accident occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); participation in a riot; or commission of or attempt to commit a felony (whether or not charged).
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- Any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- Infections of any kind regardless of how contracted, including those resulting from surgery, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying illness, disease, or condition.
- 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, instructing, guiding, or accompanying others in: sports (professional, or semi-professional, or intercollegiate), parachute jumping, hang-gliding, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (when diving 60 or more feet in depth).
- For injuries sustained while performing the duties of an aircraft crew member, or giving or receiving training on a non-commercial aircraft.
- An injury or illness 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.

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## HEALTH PLAN NOTICES OF PRIVACY PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as [www.uhone.com](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversmember.com](http://www.myallsaversmember.com). We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

**How We Use or Disclose Information. We must** use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

**We have the right to** use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special restrictions apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.

- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

33638-X-0516 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, PacifiCare Life and Health Insurance Company, UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

**What Are Your Rights.** The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as [www.uhone.com](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversmember.com](http://www.myallsaversmember.com).

**You have the right to be considered a protected person.**

(New Mexico only) A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

**Exercising Your Rights**

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
  - Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

**Fair Credit Reporting Act Notice.** In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

**MIB.** In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at:

MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, [www.mib.com](http://www.mib.com).

**FINANCIAL INFORMATION PRIVACY NOTICE**

(Effective January 1, 2016)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

**Information We Collect.** Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

**Disclosure of Information.** We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

**We restrict access to personal** financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

**Confidentiality and Security.** We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

**Questions About this Notice.** If you have any questions about this notice, please **call the toll-free phone number on your ID card.**

The Notice of Privacy Practices, effective January 1, 2016, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

**TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.**

Conditional Receipt for: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_  
Signature of Secretary: *Richard C. Sullivan*  
Signature of Agent/Broker: \_\_\_\_\_

**THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.**

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to 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.

**If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.**

I (we) hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

053F-G-0816

**Notice to applicant regarding replacement of accident and sickness insurance**

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you receive written confirmation that your coverage has been approved by Golden Rule Insurance Company.

**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

**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.**



## Accident SafeGuard Premier State Variations

Please see below for state availability and applicable state-specific benefits, exclusions, and limitations. This insert must be used with the Accident SafeGuard Premier brochure (44136-G).

### Alabama

Misstatement of Gender or Tobacco Use does not apply.

### Alaska

We will notify you in writing at least 45 days in advance of any change in premium.

### Arizona

There are no state variations.

### Arkansas

- The deductible is \$250 per person. The reference to “if you have other medical insurance the deductible for this plan equals the benefits payable from your other medical insurance, if greater than \$250” does not apply.
- Coordination of Benefits: If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause. COB allows two or more plans to work together so that the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary refer to “Order of Benefits” in your policy. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

### Connecticut

- Covered expenses include emergency treatment for the accidental ingestion of controlled drugs and are limited to: 30 inpatient days per calendar year and \$500 per calendar year for outpatient treatment.
- You must satisfy a \$50 Home Health Care deductible before covered expenses are payable. The \$250 plan deductible does not apply to Home Health Care.
- A dependent child can include a married child if they are less than 26 years of age.
- Misstatement of Gender or Tobacco Use applies to the first 2 years of coverage.
- The Exclusion for being under the influence of illegal narcotics, controlled substances, or for taking over the counter drugs is replaced with: “For loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a doctor for the covered person.”

### Delaware

There are no state variations.

### District of Columbia

- Eligibility includes your civil union partner or domestic partner between 18-64 years of age at time of application.
- Misstatement of Tobacco Use does not apply.

### Florida

- In the Misstatement of Gender or Tobacco Use provision, “past premiums will be adjusted and past premiums will be refunded or owed to us” does not apply.
- The Misstatement of Age provision has been revised as follows: If a covered person’s age has been misstated, all amounts payable under the policy will be such as the premium paid would have been purchased based on the covered person’s correct age. “Any future premiums will be adjusted and past premiums will be refunded or owed to us” does not apply.
- We will notify you in writing at least 45 days in advance of any change in premium.
- The following Exclusion and Limitation does not apply: “For a hospital admission on Friday or Saturday (room, board, and nursing services), unless it is an emergency, or medically necessary surgery is scheduled on the next day.”
- In the Exclusion and Limitation for racing or speed testing both motorized and non-motorized vehicles, “conveyance” does not apply.
- In the Exclusion and Limitation for injury or illness arising out of or in the course of employment for wage or profit, “or is required to be insured” does not apply.

## Accident SafeGuard Premier State Variations, continued

### Illinois

- Eligibility includes your civil union partner between 18-64 years of age at time of application.
- An eligible child means under 26 years of age regardless of marital status.
- An eligible child also includes a child 26-30 years of age if: unmarried, an Illinois resident, has served in the U.S. armed forces, received a release or discharge other than dishonorable, and submitted a Certificate of Release or Discharge stating the date of release. He or she may remain covered until turning 31.
- Misstatement of Age: If an applicant's age has been misstated on the application for coverage under the policy, the benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid, based on the correct age.
- Misstatement of Gender or Tobacco Use does not apply.
- In the Termination of Policy provision, "material misrepresentation" is changed to "intentional material misrepresentation".
- In the Exclusion and Limitation for infections of any kind, "independent of any underlying illness, disease or condition" does not apply.
- The Outpatient Pharmacy exclusion "For medication that is to be taken in whole or in part, at the place where it is dispensed" is replaced with "For medication that is taken at the place where it is dispensed."
- In the Rehabilitation and Extended Care Facility provision, the exclusion "No benefits are payable for mental disorders or substance abuse" is replaced with "No benefits are payable for mental disorders or substance abuse disorders."

- The following Exclusions and Limitations do not apply:
  - 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 (professional, semi-professional, or intercollegiate), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (when diving 60 or more feet in depth).

### Indiana

A dependent child can include a married child if they are less than 26 years of age.

### Iowa

There are no state variations.

### Kansas

- The Misstatement of Age, Gender, or Tobacco Use is replaced with: Misstatement of Age or Gender - If age was misstated on the application 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. If your gender has been misstated on the application for coverage, any future premiums will be adjusted and past premiums will be refunded or owed to us based on the correct gender.
- Misstatement of Tobacco Use does not apply.
- In the Premium Change provision, age is not a factor in determining the premium rate.

## Accident SafeGuard Premier State Variations, continued

### Louisiana

- The deductible is \$250 per person. The reference to “if you have other medical insurance the deductible for this plan equals the benefits payable from your other medical insurance, if greater than \$250” does not apply.
- The \$2,000 limitation in the Spine and Back Disorder benefit does not apply.
- Coordination of Benefits: If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause. COB allows two or more plans to work together so that the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary refer to “Order of Benefits” in your policy. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.
- We will notify you in writing at least 45 days in advance of any change in premium.
- The Exclusion and Limitation for alternative treatments, including acupuncture, acupressure, aroma therapy, hypnosis, massage therapy, rolfing, and other forms of alternative treatment does not apply when performed by a licensed chiropractor.
- In the Exclusion and Limitation for the covered person’s commission of or attempt to commit a felony, “whether or not charged” does not apply.
- In the Exclusion and Limitation for an injury incurred as a result of the covered person being intoxicated, “illegal or controlled substance” does not apply.
- In the Termination of Policy provision, “The date there is fraud or material misrepresentation” is replaced with “The date there is fraud or intentional material misrepresentation”.

### Maryland

- The deductible is \$250 per person. The reference to “if you have other medical insurance the deductible for this plan equals the benefits payable from your other medical insurance, if greater than \$250” does not apply.
- Home Health Care – First treatment within 30 days of an accident is not required. Home health care following an accident is provided when inpatient confinement would be required if not for home health care. Limited to: 40 visits in a calendar year or a continuous 12-month period for each covered person. 4 hours is considered 1 visit. No benefits payable for respite, custodial, or educational care.

- The physical therapy requirement that it “must begin the within 30 days of accident or hospital/rehabilitation facility discharge and be complete within 6 months of accident” does not apply.
- Eligibility includes your domestic partner between 18-64 years of age at time of application.
- Misstatement of Age: If your age has been misstated, the benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid based on the correct age.
- Under Other Details, the Other Medical Coverage section does not apply.
- Coordination of Benefits: If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause. COB allows two or more plans to work together so that the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary refer to “Order of Benefits” in your policy. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.
- We will notify you in writing at least 45 days in advance of any change in premium.
- No benefits payable for expenses of a prohibited referral as required by Maryland laws and regulations.
- The Exclusion and Limitation for services for which no charge is made, is changed to: “For services for which no charge is made, except Medicaid.”
- The following Exclusions and Limitations do not apply:
  - Expenses for telephone consultations.
  - Any loss caused by or resulting from participation in a riot or commission of or attempt to commit a felony (whether or not charged).
  - Any injury incurred as a result of intoxication or being under the influence of illegal narcotics or controlled substances.

### Michigan

- The Exclusion for telephone consultations does not apply.
- The Exclusion and Limitation for any injury incurred as a result of intoxication or being under the influence of illegal narcotics or controlled substances does not apply.

## Accident SafeGuard Premier State Variations, continued

### Mississippi

- Misstatement of Gender or Tobacco Use does not apply.
- We will notify you in writing at least 60 days in advance of any change in premium.
- No benefits are payable for loss related to the treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.

### Missouri

- The Exclusion and Limitation for intentionally, self-inflicted bodily harm (whether sane or insane) is replaced with “Intentionally self-inflicted bodily harm (unless insane).”
- The Exclusion and Limitation for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply.

### Nevada

- We will notify you in writing at least 60 days in advance of any change in premium.
- The Exclusion and Limitation for “any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage” is replaced with: “A loss incurred as a result of the covered person being under the influence of illegal narcotics.”

### North Carolina

- “Other Medical Coverage” does not include automobile no-fault.
- We will notify you in writing at least 45 days in advance of any change in premium.
- The following Exclusion and Limitation does not apply: “For any injury incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage”.
- Infections of any kind are not excluded if it is due to a bacterial infection that is a direct result of an accidental injury.
- Benefits for any loss caused by or resulting from occupational injuries or illness are not payable if paid under the North Carolina Workers’ Compensation Act.
- Proof of loss is required within 180 days of the date of loss or as soon as is reasonably possible.

### Ohio

Misstatement of Tobacco Use does not apply.

### Oklahoma

- The Exclusion and Limitation for any act of declared or undeclared war is replaced with the following: “Any act of declared or undeclared war while serving in the military or naval service, or any auxiliary unit of the U.S., including but not limited to: service as a member of a Regular or Reserve component of the U.S. Army, Air Force, Navy, Coast Guard, or Marine Corps; service as a commissioned officer of the Public Health Service or National Oceanic and Atmospheric Administration; or military or naval service in an auxiliary military organization, including but not limited to the Coast Guard Auxiliary, the temporary Coast Guard Reserve, the Civilian Auxiliary to the Military Police or the Civil Air Patrol.”
- The following Exclusions and Limitations do not apply:
  - Active service in the armed forces of any country or related auxiliaries including the National Guard or military reserve.
  - For an injury incurred as a result of intoxication or being under the influence of illegal narcotics or controlled substances.
  - Operating a taxi or any other delivery 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, instructing, guiding, or accompanying others in: sports (professional, semi-professional, or intercollegiate), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (when diving 60 or more feet in depth).
- The Exclusion and Limitation for injuries sustained while performing the duties of an aircraft crew member, or giving or receiving training on a non-commercial aircraft is replaced with “For injuries sustained while performing the duties of an aircraft crew member or jumping out of, any type of non-commercial aircraft (motorized or non-motorized) or giving or receiving training that require you to be aboard the aircraft.

## Accident SafeGuard Premier State Variations, continued

### Pennsylvania

- The deductible is \$250 per person. The reference to “if you have other medical insurance, the deductible for this plan equals the benefits payable from your other medical insurance, if greater than \$250” does not apply.
- The accident only benefit for physical therapy is limited to 1 visit per day and a maximum of 10 visits per injury.
- Under Other Details, the Other Medical Coverage section does not apply.
- Misstatement of Age: If your age has been misstated, past premiums will not be refunded or owed to us.
- Misstatement of Gender or Tobacco Use does not apply.
- In the Exclusion and Limitation for intentionally self-inflicted bodily harm, “(whether the covered person is sane or insane)” does not apply.
- The Exclusion and Limitation for active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve is replaced with: “Active duty as a member in the armed forces of any country.”
- The Exclusion and Limitation for any loss caused by or resulting from the covered person being intoxicated or for voluntary taking of any over the counter drug is replaced with: “The covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of any narcotic unless administered on the advice of a doctor.”
- In the Exclusion and Limitation for illness, disease, or bodily infirmity, “or the medical treatment of any of these” does not apply.
- In the Exclusion and Limitation for any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in sports (avocations), “guiding or accompanying others” does not apply.
- The Exclusion and Limitation for any injury or illness arising out of, or in the course of employment for wage or profit is replaced with: “An injury or illness for which a covered person may be compensated under any Workers’ Compensation Law, Occupational Disease Law, or by the United States Longshoreman’s Harbor Workers’ Compensation Act.”
- The Exclusion and Limitation for cosmetic treatment does not apply if it is necessitated by a loss from a covered injury.
- The following Exclusions and Limitations do not apply:
  - For television, telephone, telephone consultations, failure to keep a scheduled appointment, or expenses for other persons.
  - For a hospital admission on Friday or Saturday (room, board, and nursing services), unless it is an emergency, or medically necessary surgery is scheduled on the next day.
  - For stand-by availability of a medical practitioner when no treatment is rendered.
  - While confined primarily to receive rehabilitation, custodial care, educational care, or nursing services.
  - For or related to durable medical equipment or for its fitting, implantation, adjustment, repair, removal or for complications therefrom.
  - For vocational or recreational therapy, vocational rehabilitation, outpatient speech therapy, or occupational therapy.
  - For expenses incurred outside of the United States.
  - For alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
  - For prescription drugs for the treatment of erectile dysfunction or any enhancement of sexual performance.
  - Any loss caused by or resulting from any cerebrovascular accident (stroke).
- Coordination of Benefits: If a covered person is insured under another health plan or Medicare, benefits will be determined under the Coordination of Benefits (COB) clause. COB allows two or more plans to work together so that the total amount of all benefits is never more than 100% of covered expenses. To determine which plan is primary refer to “Order of Benefit Determination Rules” in your policy. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

## Accident SafeGuard Premier State Variations, continued

### Tennessee

- This policy may pay secondary to minimum essential health coverage.
- Misstatement of Age, Gender, or Tobacco Use: If your age, gender, or tobacco use has been misstated, benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid based on the correct age. Future premiums will not be adjusted and past premiums will not be refunded or owed to us.
- The following Exclusion and Limitation does not apply: “For an injury incurred as a result of intoxication or being under the influence of illegal narcotics or controlled substances.”

### West Virginia

There are no state variations.

### Wisconsin

We will notify you in writing at least 60 days in advance of a premium change.