

Critical Illness Insurance

Pays You Cash For A Qualifying Critical Illness



Read this brochure carefully. This is a limited benefits policy. It pays for benefits for critical illnesses only and does not provide coverage for any other medical conditions. You should maintain separate comprehensive health coverage.

Golden Rule Insurance Company is the underwriter of these plans.

Policy Forms: GRI-CI1-04



Why choose us for Critical Illness insurance?



Strength & Experience

UnitedHealthcare provides 27 million Americans access to medical services.¹

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter 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 (GRIC) 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.

¹ UnitedHealth Group Form 10-K for year ended 12/31/23.

² As of 12/14/23. For the latest rating, access www.ambest.com.

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.



Critical Illness Insurance

A critical illness insurance plan can pay you cash for a qualifying serious illness.

You can use the cash however you want — for bills, living expenses, out-of-pocket medical costs, and more. So you'll be able to focus on treatment and recovery.

Can you afford a major illness?

Critical Illness coverage can be that rainy day fund. You hope you never need it but are glad you have it, if the time comes.

Focus on recovering instead of bills.

Lost income ought to be the least of your worries when you suffer serious illness or injury. Instead, your sole priority should be a speedy recovery. But the unfortunate reality is that your monthly bills must be paid, even if you're unable to work.

Health insurance helps offset the high cost of hospitalization, but it doesn't cover all out-of-pocket medical bills, let alone personal expenses like your mortgage, your car payment or your groceries. A medical crisis can cut into your savings.

Critical Illness insurance policies help you focus on your recovery, not missed paychecks, by paying out cash for any qualifying serious illness.

See page 8 for Top Critical Illness Insurance Questions.



The Impact of Lost Income

28% of adults skipped necessary medical care in 2022 because they were unable to afford the cost.¹ A serious illness that keeps you or your spouse from working can add to that financial burden. In 2024, it is estimated there will be over 2 million new cancer cases diagnosed and 611,720 cancer deaths in the US.² Critical Illness insurance can help provide a financial cushion to help through a time of need and recovery.

¹ [*Report on the Economic Well-Being of U.S. Households in 2022*](#), May 2023

² [*Cancer Facts & Figures 2024*](#), American Cancer Society

Critical Illness Insurance

Benefits

Benefits are paid upon first diagnosis, as a lump sum payment, not paid based on actual expenses incurred.
Please see policy for complete plan details.

Coverage Amount

Maximum Lifetime Benefit — You select the coverage amount:	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
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Waiting Period

First diagnosis must be made at least 30 days AFTER your effective date.

Critical Illness Diagnosed (as defined in the policy)		Percentage of Lifetime Benefit Amount to be Paid (lump sum only payment)	
Heart Attack or Stroke	We pay:	100%	
Invasive Cancer	We pay:	10% if diagnosed within 30-90 days after effective date	100% if diagnosed more than 90 days after effective date
Loss Of: — Hearing, Speech or Vision	We pay:	100%	
Major Transplant	We pay:	100%	
Paralysis — Quadriplegia, Paraplegia or Hemiplegia	We pay:	100%	
Coma	We pay:	100%	
Renal (Kidney) Failure	We pay:	100%	
Localized Non-Invasive Cancer (cancer that hasn't spread)	We pay:	25%	
Coronary Artery Bypass Graft	We pay:	25%	

Reduction Schedule

When a covered person reaches age 65, the Maximum Lifetime Benefit amount then in force for that covered person will automatically be reduced by 50%.

Tax-Favored Benefits

Cash can be used for out-of-pocket medical costs, bills, travel for treatment, and more.
Consult your tax advisor; restrictions may apply.



Who needs critical illness insurance?

- If loss of income would impact your way of life.
- If you or your spouse is the primary breadwinner.
- If you have health insurance.
- If you don't have health insurance.

Provisions that apply to all critical illness insurance plans

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

Our Critical Illness plan is a supplemental insurance plan and it is not intended to be a substitute for hospital or medical expense insurance, health care service plans, or major medical expense insurance.

The purchase of a Critical Illness plan is contingent upon purchasing or having any individual or group health insurance product.

Benefits

Amount Payable

We will pay the applicable Percentage of Maximum Lifetime Benefit amount for Critical Illnesses as specified, subject to the following:

1. You or your covered spouse's date of diagnosis must occur after the waiting period has been satisfied;
2. The diagnosis must be made within the United States;
3. The diagnosis must be made while you or your spouse is a covered person under the policy;
4. The total benefits payable under the policy for a covered person will not exceed the Maximum Lifetime Benefit amount; and
5. Benefits are subject to all other terms, conditions limitations, and exclusions under the policy.

Diagnosis Requirements

We reserve the right to have any diagnosis of a critical illness reviewed by a physician of our choice.

Maximum Lifetime Benefit Amount

If a covered person's date of diagnosis occurs after the waiting period, and while the policy is in force, we will pay you or your beneficiary the specified percentage of the Maximum Lifetime Benefit amount as shown in the policy.

The portion of the Maximum Lifetime Benefit amount payable depends on the type of Critical Illness as specified in the policy.

If you or your spouse receive(s) benefits for a Critical Illness of less than 100% of the Maximum Lifetime Benefit amount and later receive(s) a diagnosis for a different Critical Illness, we will pay the percentage of the Maximum Lifetime Benefit amount as shown in the policy, less any prior amounts paid under the policy.

Total benefits payable under the policy for a covered person will not exceed the Maximum Lifetime Benefit amount.

Provisions that apply to all critical illness insurance plans, continued

Preexisting Condition Limitation

Benefits are not payable with diagnosis of a Critical Illness in connection with a preexisting condition during the initial 12 consecutive months the covered person has been enrolled for coverage, including any waiting period for coverage eligibility. Diagnosis of a Critical Illness resulting from a preexisting condition commencing thereafter will be covered unless otherwise excluded by the policy.

A “preexisting condition” means any illness or injury for which a covered person: (1) received any diagnosis, medical advice or treatment, or had taken any prescription medications during the 24 months immediately preceding the effective date of the covered person’s coverage under the policy; or (2) had apparent evidence of disease or disorder which would cause an average person to seek diagnosis or treatment within the 12 months immediately preceding the effective date of the policy.

Exclusions

No benefits will be paid under this policy for diagnosis of a Critical Illness to a covered person for, due to or resulting from:

1. A Critical Illness for which a covered person’s date of diagnosis occurs before satisfaction of a covered person’s Critical Illness waiting period.
2. Diagnosis of a Critical Illness while this policy is not in force.
3. Attempted suicide while sane or insane if committed during the first 24 months of coverage under this policy.
4. Voluntarily taking any controlled substance or intoxicant, unless taken as your physician prescribes or administers it.

5. Committing or attempting to commit a civil or criminal felony.
6. Service in the armed forces of any country, including non-military units supporting such forces.
7. Engaging in an illegal occupation.
8. Participating in a riot or insurrection. Participating means you are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
9. Injury or illness caused by an act of declared or undeclared war.
10. Any injury or illness sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
11. Participation in the following activities: rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing any type of vehicle in an organized event.
12. Any diagnosis by a member of a covered person’s immediate family.

Additional Limitations

1. Benefits are limited to one coronary artery bypass graft per covered person under the policy.
2. Invasive cancer benefits are payable one time per covered person under the policy.

Provisions that apply to all critical illness insurance plans, continued

Guaranteed Renewability to Age 70

Subject to Listed Conditions

You may keep this policy in force until the next premium due date following the primary insured's 70th birthday, as long as premiums are paid when they are due. If the policy is issued after the primary insured's 44th birthday, we will not make any unilateral changes to the policy provisions for the first five years following the effective date. However, we may refuse renewal if there is intentional fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits.

Eligibility and Renewability

The primary insured and spouse (including domestic partner) must be 18-59 at time of application. The policy is guaranteed renewable until the primary insured's 70th birthday as long as premiums are paid when they are due. When a covered person reaches age 65, the Maximum Lifetime Benefit amount in force for that person will automatically be reduced by 50%.

Termination

All coverage under this policy will automatically stop on the earliest of the date: (1) we receive your written request to terminate coverage under this policy; (2) the full Maximum Lifetime Benefit amount for both you and your spouse is paid; or (3) the primary insured's attainment of age 70.

A covered person's coverage will automatically stop on the earliest of the date: (1) of the covered person's death; (2) when the full Maximum Lifetime Benefit amount is paid for the covered person; or (3) at the end of the grace period for which premium was due and remains unpaid.

Change of Premium

Premiums are subject to change. From time to time, we may change the rate table used for this policy form.

The age of the covered persons, type and level of benefits, and place of residence on the policy effective date are some of the factors that could be used in determining your premium rates. We will notify you in writing at least 30 days in advance of a premium change.

Misstatement of Age

If a covered person's age has been misstated, benefits will be paid based on the amount of premium paid for the true and correct age. If we would not have provided coverage for a covered person at the time of application based on his or her correct age, we will refund the excess of any premiums paid for that person less any benefits previously paid for that person.

Underwriting

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

Top Critical Illness Insurance Questions

What is a Critical Illness Benefit?

Often referred to as living benefits, critical illness benefits help protect individuals and families from financial impact if they become critically ill.

How does it work?

If you are diagnosed with one of 14 covered critical illnesses, you may receive a lump sum payment to help pay for expenses from daily living expenses to medical bills.

Is there a waiting period?

The first diagnosis of a critical illness must be made at least 30 days after your policy's effective date to be covered. Pre-existing conditions are not covered.

What amount of coverage can I get?

For Critical Illness insurance, the amount of cash you may receive depends on your plan. When you apply for one of our plans, you can select a maximum lifetime benefit amount between \$10,000 – \$50,000.

Is the benefit taxable?

Usually, money received from Critical Illness insurance is not taxable. Consult with your tax advisor for possible restrictions.

What can I use the cash benefit for?

When suffering from a qualifying serious illness, medical bills can begin to add up fast and sometimes it is even difficult to continue working regularly. The primary benefit of our Critical Illness plan is that you can use the cash payment for whatever expenses come up. This could include:

- Mortgage or rent payments
- Out-of-pocket medical costs
- Living expenses like groceries
- Prescriptions
- Treatment with a specialist
- Transportation
- Experimental treatment



Notice to Our Customers About Supplemental Insurance

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

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

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

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

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.

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>)

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

California Nondiscrimination Notice and Access to Communication Services

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

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

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

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

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

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

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

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

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

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

California Language Assistance Notice

English

IMPORTANT LANGUAGE INFORMATION:

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

Spanish

INFORMACIÓN IMPORTANTE DEL LENGUAJE:

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

Chinese

重要語言信息：

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

Arabic

معلومات مهمة عن اللغة:

تتضمن هذه المعلومات حقوقاً وخدمات قد تكون متاحة لك. يمكنك الحصول على خدمات الترجمة الفورية أو المكتوبة مجاناً. قد تكون المعلومات المكتوبة متاحة أيضاً في بعض اللغات مجاناً. للحصول على المساعدة في لغتك، يرجى الاتصال بخطة التأمين الصحي: Golden Rule Insurance Company 1-800-657-8205 / TTY: 711

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԻ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ:

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

Cambodian

ព័ត៌មានជាភាសាសំខាន់៖

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

Farsi

اطلاعات مهم در مورد زبان:

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

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

Hindi

महत्वपूर्ण भाषा जानकारी:

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

Hmong

COV LUS LUS TSEEM CEEB:

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

Japanese

重要な言語情報 :

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

Korean

중요한 언어 정보 :

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

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਜਾਣਕਾਰੀ:

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

Russian

ВАЖНАЯ ИНФОРМАЦИЯ ЯЗЫКА:

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

Tagalog

IMPORMASYONG IMPORMASYON SA LANGUAGE:

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

Thai

ข้อมูลภาษาสำคัญ:

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

Vietnamese

THÔNG TIN NGÔN NGỮ QUAN TRỌNG:

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