



AdvantageGuard™

This is a Hospital Indemnity Policy. THIS POLICY PROVIDES LIMITED BENEFITS. This is NOT a Medicare supplement policy nor does it fully supplement any federal Medicare health insurance or private Medicare Advantage plan. This Policy should not be considered a substitute for comprehensive health insurance coverage.

This product provides limited benefits in a stated amount regardless of the actual expenses incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans. State variations may apply. See brochure for details.

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UnitedHealthcare®
Golden Rule Insurance Co.

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What sets AdvantageGuard apart?



The UnitedHealthcare brand

- Largest health insurer in country, with the largest volume of MA sales
- Fewer carriers offer Hospital Indemnity (HI) than most other Health products
- Hospital Indemnity Plan (HIP) market largely dominated by non-National carriers

Product Design

- Guaranteed Issue (GI) options for primary insured issue age 60-74; Simplified Issue (SI) only for age 75 to 90*
- Competitive rates and commissions
- Flexibility in benefit selection (ability to tailor to gaps in existing health coverage)
- New meaningful Part B Rx rider available

* Benefits are subject to pre-existing conditions



Plan Specifications



- Application submission through UHOne broker portal (eStore)
 - Broker Assisted Application or Security Question
 - Agents may view status of apps through their Book of Business
-



- \$0 application fee
 - 6-month pre-x clause and lookback period*
 - Height and Weight chart applicable to simplified issue only
-



- Effective date cannot be more than 60 days from received date
- Initial premium is drafted on the effective or issue date (whichever is later)
- Most applications will be processed within 24 hours

* Waiting periods apply for some optional benefits



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Base Benefits

Benefits Per Person (included in policy)	Benefit Options
Inpatient Hospital Confinement for Sickness or Injury (includes observation period over 24 hours)	Benefit maximum and benefit amount must be chosen when member is applying: <ul style="list-style-type: none">• 1 day benefit period: \$50 - \$3,000 per day (in increments of \$50)• 3, 4, 5, 6, 7, or 10 day benefit periods: \$50 - \$1,000 per day (in increments of \$50)
Hospital Observation (in lieu of Inpatient Hospital Confinement; for 12 to 24-hour periods)	100% of the Inpatient Hospital Confinement benefit chosen; Max of 4 days per person, per Calendar Year
Inpatient Hospital Confinement for Mental/Nervous Disorder (in lieu of Hospital Confinement for Sickness or Injury)	\$250 per day; Max 7 days per person, per Calendar Year

Plans are GI (no underwriting) or SI (limited medical questions), depending on the benefits chosen. Benefit availability, amounts, periods, and limitations may vary by state. Benefits are subject to preexisting conditions. Calendar Year means a twelve month period beginning January 1 and ending on December 31st. The amount of benefits provided depends upon the plan selected, and the premium will vary with the amount of the benefits selected.



Optional Add-On Benefits¹



Cancer

- 30-day waiting period
- For First Diagnosis only²
- \$2,500 - \$50,000 per lifetime
- Amount payable cannot exceed chosen benefit amount



Outpatient Provider Administered Prescription Drug³

- 30-day waiting period
- \$100 - \$500 per day
- Max of 6 days per calendar year
- Max of 20 days per lifetime



Emergency Room / Urgent Care

- Hospital Confinement not required
- ER: \$100 - \$500 per day
- UC: 50% of chosen ER benefit
- Combined max of 4 days per calendar year



Skilled Nursing Facility

- Confinement for sickness or injury
- \$100 - \$500 per day
- Applies to days 21-100 of qualified stay per period of care



Outpatient Surgical

- Surgery due to sickness or injury
- Outpatient surgical facilities only
- \$250 - \$2,500 per day
- Max 2 days per calendar year



Outpatient Major Diagnostic

- Diagnosis and treatment of sickness or injury
- \$100 - \$500 per day
- Max 2 days per calendar year



Ambulance

- Ground or air transportation
- 'Must result in hospital confinement
- Ground: \$100 - \$500 per day
- Air: 10 times chosen Ground benefit
- Combined max 4 days per calendar year



Wellness

- 30-day waiting period
- For covered wellness exam or procedure
- \$75 per exam/procedure
- Max 1 exam/procedure per calendar year

Benefit availability, amounts, periods, and limitations may vary by state. Benefits are subject to preexisting conditions.

¹ Additional premium applies. ² First diagnosis means diagnosis occurs for first time in covered person's lifetime after the waiting period and while the covered person's coverage is in effect under the rider. ³ Covered person receives prescription delivered by injection in outpatient provider setting.



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Savings with Rx Discounts

Rx Discounts - Optum Perks perks.optum.com/uho

There's a simple way most can save 30-80%* on prescriptions. It's called Optum Perks. Your clients will receive an Optum Perks Rx discount card along with their plan ID card, in the mail. Your client can also visit perks.optum.com/uho to send the discount card to their phone. They can also use this site to compare prescription prices at stores nearby. To take advantage of savings, tell your clients to show their Optum Perks discount card to the pharmacy during purchase. A 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.

* Based on pharmacy's usual and customary price. Actual savings may vary.



GI Max Allowable Benefits



GI benefit amounts were developed to cover co-payments associated with a typical Medicare Advantage plan.

All benefit choices must be at or below GI Max to qualify. If any one of the benefit options chosen is higher than the GI Max, the entire policy will be subject to simplified issue underwriting.

Coverage		Guaranteed Issue Max (ages 60-74)
Base Benefit		
Inpatient Hospital Confinement	1-day	\$1,500 / day
	3, 4, 5, 6, 7, or 10-day	\$400 / day
Optional Benefits		
Cancer Benefit		\$5,000 / lifetime
Outpatient Provider Administered Prescription Drug Benefit		\$300 / day
Emergency Room / Urgent Care Benefit		\$200 / day (ER)
Skilled Nursing Facility Benefit		\$200 / day
Outpatient Surgical Benefit		\$500 / day
Outpatient Major Diagnostic Benefit		\$200 / day
Ambulance Benefit		\$300 / day (ground)
Wellness Benefit		\$75 / day



Simplified Issue Health Questions

Please note that some medical conditions present an increased risk we are unwilling to accept. An automatic decline will likely result if an individual can answer yes to any of the questions below. Everyone has the right to apply. Clients who appear unacceptable may apply if they choose.

Summary of Knockout Medical Questions by Lookback Period	
1-year	Confined to hospital, nursing home, mental/inpatient rehabilitation/subacute facility, hospice, or received home health care
	Circulatory problems, pulmonary hypertension, uncontrolled hypertension/high blood pressure, chest pains, irregular heartbeat or tachycardia
	Symptoms for which medical advice/treatment has not been obtained
	Medical care for condition not yet diagnosed or test (except for HIV test), treatment, hospitalization, or surgery not yet completed or for which results have not yet been received
5-years	Advice/treatment for substance use disorder, drug or alcohol abuse or addiction
	Heart/circulatory system disease/disorder, heart attack, cardiomyopathy, atrial fibrillation, renal hypertension, congestive heart failure, stroke, TIA, thrombosis, embolism, or hemophilia
	COPD or any chronic lung disease, emphysema, cystic fibrosis, or pulmonary fibrosis
	Diabetes requiring use of 50+ units of insulin per day or with A1c levels >7%
	Organ/bone marrow transplant, chronic kidney disease/disorder (not including stones), chronic liver disease including cirrhosis, hepatitis B/C
	AIDS, HIV infection, or AIDS related condition
	Cancer (excluding basal cell or squamous cell skin cancer), carcinoma in situ, leukemia, or Hodgkin's/non-Hodgkin's lymphoma
	Paralysis, multiple sclerosis, muscular dystrophy, or ALS or Lou Gehrig's disease
	Crohn's disease, ulcerative colitis, SLE, Parkinson's, Alzheimer's, or senile dementia
	Schizophrenia, bipolar mood disorder, major depressive or psychotic disorder, or prescribed anti-psychotic medication

State variations apply.



Height and Weight Chart



Height and Weight Chart

- The chart applies to all applicants who are not eligible for Guaranteed Issue.
- If an applicant exceeds the weight maximum for their height, coverage will be declined.

Height		Weight Maximum
Feet	Inches	Pounds
4	8	179
4	9	185
4	10	191
4	11	198
5	0	205
5	1	211
5	2	218
5	3	226
5	4	233
5	5	240
5	6	248
5	7	255
5	8	263
5	9	271
5	10	279

Height		Weight Maximum
Feet	Inches	Pounds
5	11	287
6	0	295
6	1	303
6	2	311
6	3	320
6	4	329
6	5	337
6	6	346
6	7	355
6	8	364
6	9	373
6	10	382
6	11	391
7	0	400



Case Study

Jane is 65 years old and living in NE. She recently enrolled in a popular low-cost Medicare Advantage plan. She is looking for supplemental coverage to assist with some of the out-of-pocket costs associated with her coverage.*

* The people and events depicted here are fictional and do not represent actual cases or scenarios, are for a hypothetical person and are provided for illustration purposes only.

Jane's Med Advantage Out-of-Pocket Costs	
Hospitalization	\$400/day, first 6 days
Outpatient Surgery	\$200 copay
Emergency Care	\$125 copay
Ambulance Services	\$255 copay
Skilled Nursing Confinement	\$220/day, days 21-100
Chemotherapy	20% copay



Jane's AdvantageGuard Solution	
Base Policy: 6-day, \$400/day	\$32.18
Outpatient Surgery Rider (\$250)	\$3.62
Emergency Care Rider (\$200)	\$2.18
Ambulance Rider (\$300)	\$3.92
Skilled Nursing Rider (\$200/day)**	\$11.37
Cancer Benefit (\$5K)	\$11.42

**days 21-100

**Total Cost
\$64.69**



Eligibility & Renewability

Eligibility of Applicants

Those eligible for an AdvantageGuard insurance plan must meet the following criteria at the time of application:

- Primary insured must be between 60-90 years of age
- Have a primary address and be a legal resident in a state where AdvantageGuard is available for sale
- Spouse may be included on the application. Spouse is defined as the person to whom you are legally married or your domestic partner under state law (or as defined by state.)
- Dependent children are not eligible.

This guide references general terms and conditions of the AdvantageGuard product. State variations may apply in some instances. Refer to the product brochure.

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.

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 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 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.

Preexisting Conditions & Waiting Periods

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 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

The definition of a preexisting condition may vary by state.

Waiting Periods

There is a 30-day waiting period before benefits are payable for Cancer, Outpatient Provider Administered Drug, and Wellness benefits.

Effective Dates, Payment & Premium

Effective Dates

No insurance will become effective unless your client's application is approved and the appropriate premium is actually received by Golden Rule Insurance Company (GRIC) with the application.

The following rules apply for plan effective dates:

- The earliest effective date is the later of the requested effective date or the day after the received date of the application. If received more than 60 days from the signing date, a new application is required.
- The latest possible requested effective date of coverage is 60 days from the received date of the application.
- The original application is still acceptable 60 days from the sign date for reopens/reconsideration files. If more than 60 days from the sign date, a new application is required.

Proof of Loss

Your client or your client's covered dependent must give us written proof of loss within 90 days of the date of loss or as soon as reasonably 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 your client or the client's covered dependent had no legal capacity that year.

Payment

Initial Payment

- There is no application fee.
- Initial Payment must be included with the application in the form of EFT or Credit Card.
- Initial payment will be taken at the time of issue or the plan's effective date, whichever is later.

Payments are due the 1st of the month and this will pay your client's plan to the first of the next month. If your client's effective date is any day other than the first day of the month, then their first payment will be a prorated amount.

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Ongoing Payment and Draft Date

The future collection of your client's payment will occur on a date determined by the plan's effective date. Generally, payment draft dates are between the 2nd and the 10th of the month. See the chart below to understand your client's draft date based on their plan's effective date.

Effective Date	New Draft Date
1st of Month	2nd of Month
2nd - 10th of Month	Matches effective date
11th - 13th of Month	4th of Month
14th - 15th of Month	5th of Month
16th - 18th of Month	6th of Month
19th - 21st of Month	7th of Month
22nd - 24th of Month	8th of Month
25th - 27th of Month	9th of Month
28th - 31st of Month	10th of Month

Premium

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-days' 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.

Upon Issue

Once your client's insurance plan is issued, he or she will receive a welcome packet in the mail that includes the policy and application. Your client should review the following:

- The Policy - It provides details about the benefits payable, as well as the limitations and exclusions.
- The Schedule of Benefits - It is a summary of your client's specific benefits.
- The Application - To verify that the answers are correct and complete. Incorrect or incomplete information may result in voidance of coverage or claim denial.

Your client will be mailed the:

- Optum Perks discount card.

Plan Changes After Issue

Once the policy is issued, the following will apply to your clients:

- Increasing benefits on an existing AdvantageGuard plan is not permitted.
- Decreasing benefits is permitted.
- Purchasing an additional hospital indemnity plan with any UHOne carrier is not permitted.

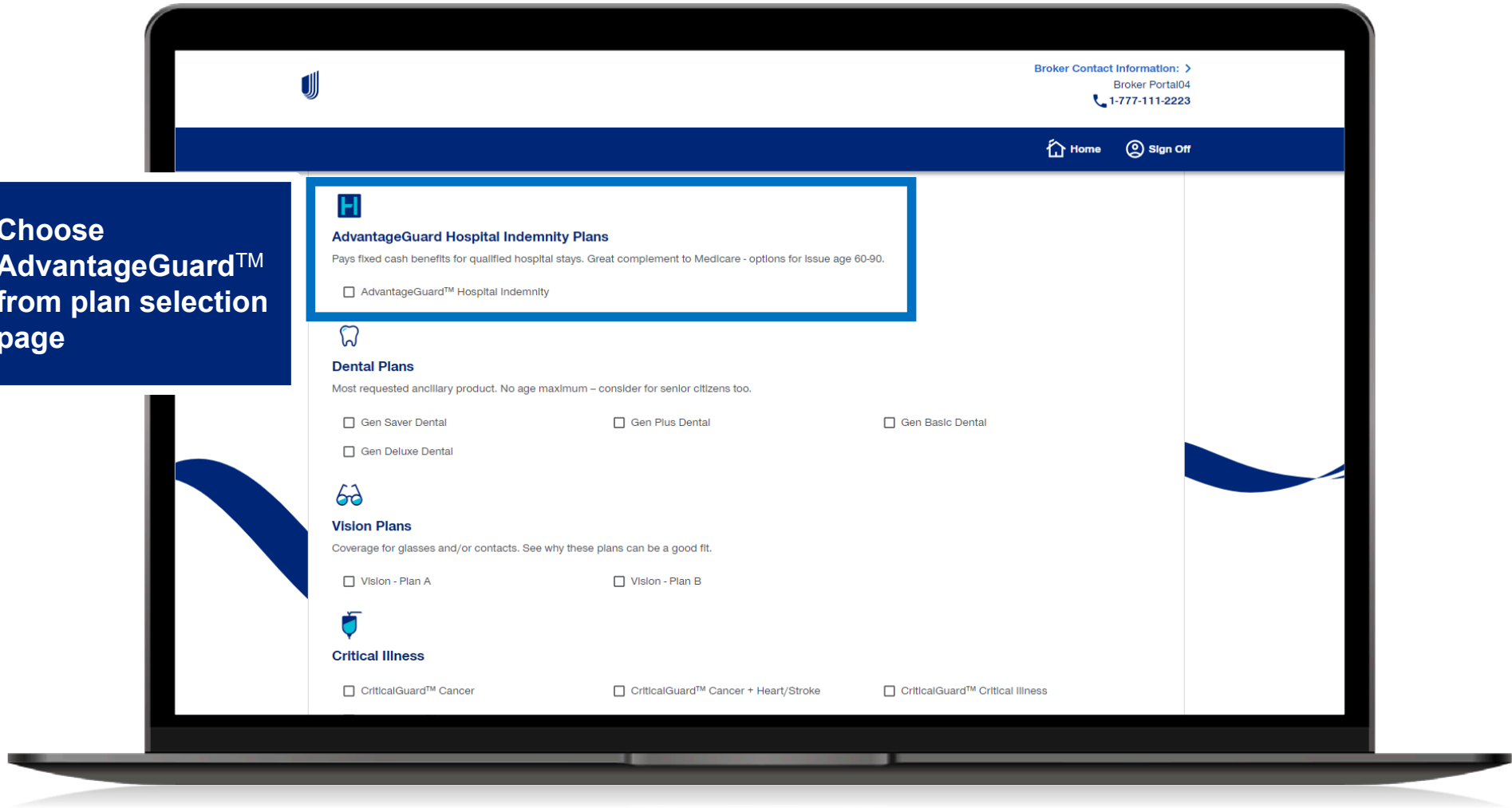
If your client wants to switch between insurance plans, they must terminate the existing policy and apply for the other insurance plan as a new applicant. Your client may have to wait 60 days before applying for a new AdvantageGuard plan. Waiting periods and preexisting conditions on the new insurance plan will start over.



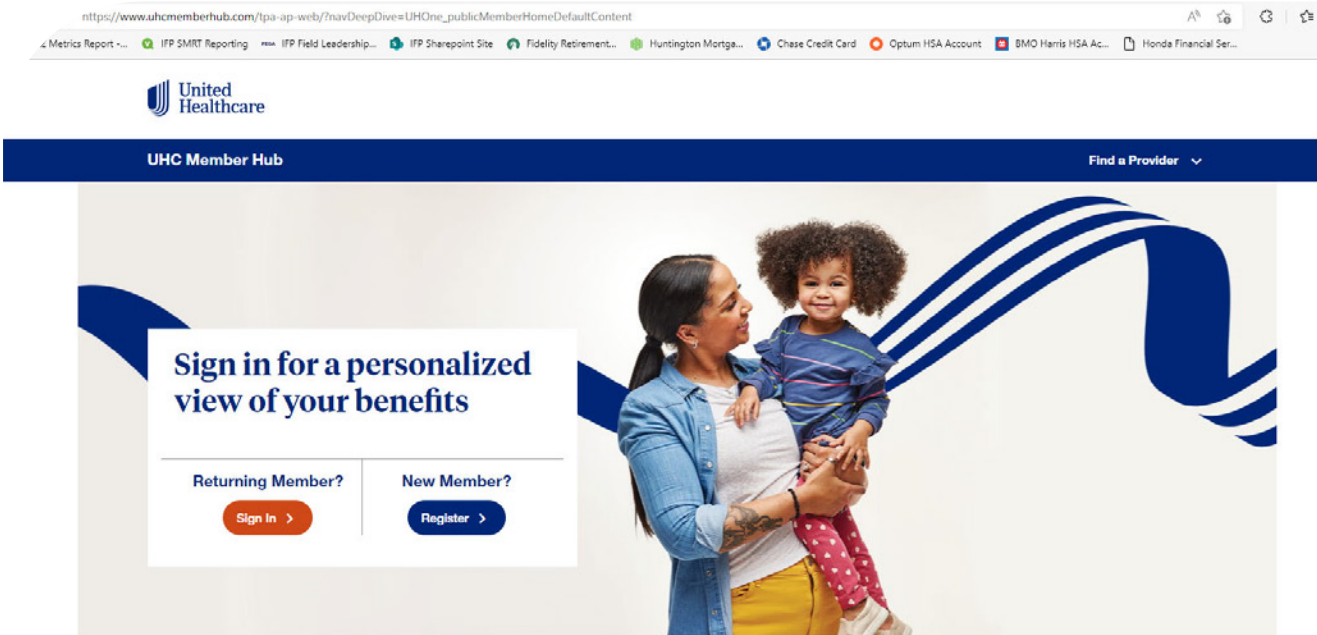
E-Store Quoting



Choose AdvantageGuard™ from plan selection page



UHC Member Hub



We're glad you're here!

If you were redirected here from your plan's online member website, you're at the right place.

Looking for UHOne4Me.com?

This site is your new member hub experience - all the same access as before with new features coming soon!

Looking for MySureBridgelInsurance.com?

This site is your new member hub experience - all the same access as before with new features coming soon!

Member Portal

www.uhcmemberhub.com

- Manage your plan anytime including updating contact info and managing billing.
- To receive plan benefits for eligible services, print a claim form from the site and complete and submit the form back to us with requested information.
- Coming in Nov '23, you can submit AdvantageGuard claims electronically!



Contact Information

FOR YOUR CLIENTS

Customer Service and Hours of Operation

1-800-657-8205

8:00 am – 6:00 pm ET (Monday - Friday)

Member Portal: uhcmemberhub.com

Customer Fax

1-801-478-5461

(Name/address/bank changes, add/delete dependents and cancellation requests can be faxed to this number)

Submit a Claim

Claims Department

PO Box 31344

Salt Lake City, UT

84131-0344

EDI #37602

Optum Perks

perks.optum.com/uho

Claims-Only Fax

1-801-478-7581

FOR PRODUCERS

Broker Service Center and Hours of Operation

1-800-474-4467

8:00 am – 6:00 pm ET (Monday - Thursday)

9:00 am – 5:00 pm ET (Friday)

E-Store

www.UHOne.com/Broker

