



Products are underwritten and/or administered by: Golden Rule Insurance Company, The Chesapeake Life Insurance Company, and/or UnitedHealthcare Life Insurance Company.

California Nondiscrimination Notice and Access to Communication Services

UnitedHealthcare 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 us directly or through a Network Medical Group or any other entity with which we arrange 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 below. 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:

<p>Golden Rule Insurance Company UnitedHealthcare Life Insurance Company</p>	<p>Grievance Administrator PO Box 31379 Salt Lake City UT 84131-0379 Phone: (800) 657-8205 Fax: (801) 478-7595 uhoappealsandgrievances@uhc.com</p>
<p>The Chesapeake Life Insurance Company</p>	<p>Grievance Administrator PO Box 31383 Salt Lake City UT 84131-0383 Phone: (877) 296-9919 Fax: (817) 255-3585 clicoconsumeraffairsgroup@uhc.com</p>

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