



Accident ExpenseGuard

Accidental Injury Insurance

Supplemental Accident Medical Expense Coverage

Table of Contents

Why Accident ExpenseGuard?	2	Accidental Death & Dismemberment (AD&D)	5
What the Coverage Includes	3	Exclusions & Limitations	6
Accident Coverage	4	Notices	8

This product provides limited benefits.

This is an Accident policy that includes Accidental Death & Dismemberment benefits.

This is a supplement to health insurance and is not a substitute for major medical coverage.

Golden Rule Insurance Company is the underwriter of these insurance plans.

Policy Forms APG-GRI-50 (AK), 01 (AL), -02 (AZ) -03 (AR), -04 (CA), -05 (CO), -06 (CT), -07 (DE), -08 (DC) -09 (FL), -10 (GA), -51 (HI), -11 (ID), -12 (IL), -13 (IN), -14 (IA), -15 (KS) -17 (LA), -18 (ME), -19 (MD) -21 (MI), -22 (MN), -23 (MS), -24 (MO), -25 (MT), -26 (NE), -27 (NV), -32 (NC), -34 (OH), -35 (OK), -36 (OR), -37 (PA), -38 (RI), -39 (SC), -40 (SD), -41 (TN), -42 (TX), -43 (UT), -45 (VA), -47 (WV), -48 (WI) and -49 (WY)

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.



Why Accident ExpenseGuard?

Because your family, your home,
and your lifestyle are all affected by:

LOST WAGES FROM
MISSING WORK

HIGH HEALTH INSURANCE
DEDUCTIBLES

UNPAID BILLS

MEDICAL EXPENSES NOT
PAID BY INSURANCE



PROTECT YOUR LIFESTYLE

*Missing work due to accidental
injury can lead to lost wages.
Accident ExpenseGuard can help.*

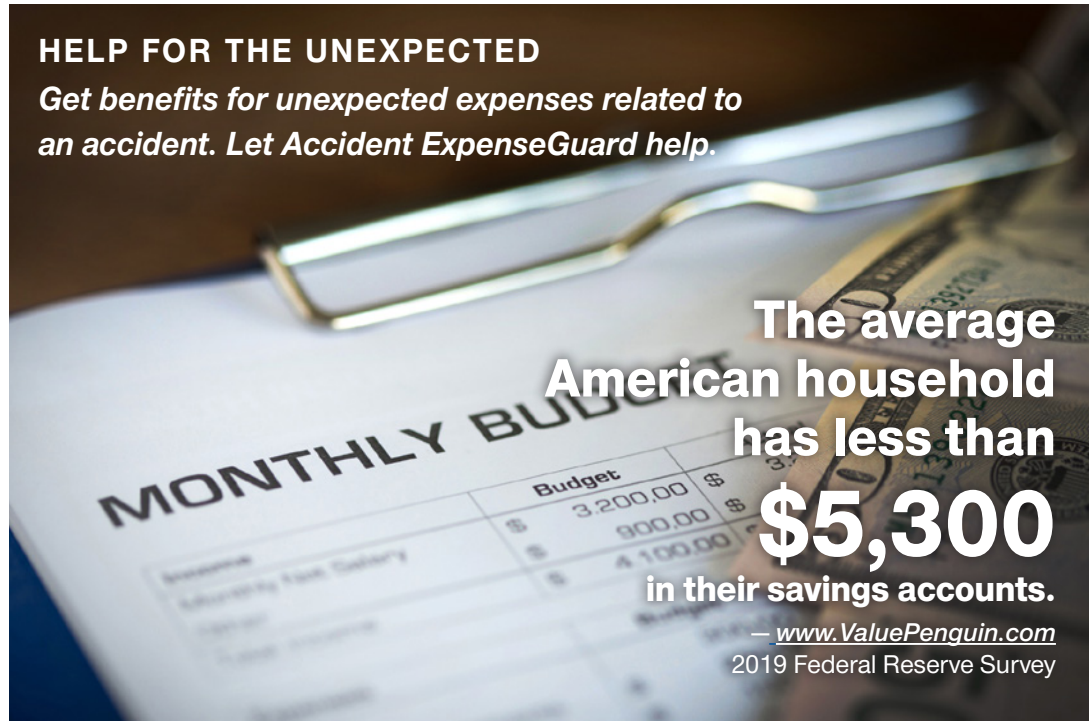
TAKE CARE OF YOUR FAMILY

*A serious injury can affect the whole family.
Accident ExpenseGuard can help pay medical
expenses which allows for focus on recovery.*



HELP FOR THE UNEXPECTED

*Get benefits for unexpected expenses related to
an accident. Let Accident ExpenseGuard help.*



The average
American household
has less than
\$5,300
in their savings accounts.

— www.ValuePenguin.com
2019 Federal Reserve Survey



What is Accident ExpenseGuard?

Payment for expenses associated with an accident that is made directly to you.



Choose how much accidental injury coverage you want.



1

CHOOSE ACCIDENTAL INJURY BENEFIT

This is an annual maximum benefit amount that starts over each year.



2

AD&D BENEFIT INCLUDED

with every plan. (It is the same as the accidental injury amount).

ACCIDENT EXPENSEGUARD

ACCIDENTAL INJURY DEDUCTIBLE¹ (per covered person, up to 2 per family per calendar year)	You pay:	\$250
ACCIDENTAL INJURY BENEFIT AMOUNT (per covered person, per calendar year) ²	We pay up to:	\$5,000, \$7,500, \$10,000, \$15,000 or \$20,000
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFIT AMOUNT (per covered person, lifetime maximum)	We pay up to:	\$5,000, \$7,500, \$10,000, \$15,000 or \$20,000 (Matches Accidental Injury Amount Selected)

¹ In CA, there is no deductible.

² An Explanation of Benefits (EOB) from other insurance will be used to determine actual charges. If an EOB is not available, covered accident charges will be paid based on Reasonable and Customary charges, as determined by us.





COVERED SERVICES

ACCIDENTAL INJURY

Accident ExpenseGuard can pay covered expenses in addition to benefits received from other insurance coverage. Benefits are not based on what other coverage, like health insurance, may pay. The following services or treatments are some of those covered when they are related to an accident:

TREATMENT WITHIN 48 HOURS¹

Burns or Lacerations

Diagnosed Concussion

Emergency Room Visit

Urgent Care Center Visit

TREATMENT WITHIN 30 DAYS

Ambulance

Labs & X-Rays

Anesthesia Services

MRI, CT Scan

Doctor Visits

Prescriptions

Fractures²

Prosthetics

Hospital Stay /ICU

Surgery²

¹ UT - treatment within 48 hours or as soon as reasonably possible.

² IN - treatment within 6 months.

³ Additional premium required for adding dependents to plan.

⁴ CA - no deductible



Each year, millions of people are injured and survive.

— www.cdc.org
Centers for Disease Control,
2019 WISQARS Data

Accidental Injury Example

\$10,000 Benefit Level

While playing outside, Olivia's daughter³ falls off the deck. Olivia calls an ambulance to take her daughter to the hospital where she's treated for a concussion and a broken arm. Though thankful she wasn't hurt worse, Olivia now owes \$8,507 in medical expenses.

Total benefit paid to Olivia:
(\$8,507 benefit - \$250 deductible)⁴

\$8,257



**USE THIS MONEY
AS YOU SEE FIT**

Olivia is paid this benefit regardless of benefits paid by other insurance, and she still has \$1,743 of her daughter's accident benefit (as well as \$10,000 of her own accident coverage) left for the year. Benefits start over the following year.

All reimbursements for covered services apply after a \$250 calendar-year deductible⁴ and then are paid up to the calendar-year maximum selected. Details and limits to coverage are listed in the policy.

The people and events depicted here are fictional and do not represent actual cases.





COVERED DISMEMBERMENT AD&D

The Accidental Death & Dismemberment (AD&D) benefit amount is the same amount as the selected accidental injury benefit amount, so it pays in addition to other injuries resulting from an accident subject to the lifetime maximum. The resulting dismemberment or death from an accident must take place within 30 days* of the accident. All benefits are paid to the insured or beneficiary.

% OF BENEFIT PAID AD&D

Death resulting from an accidental injury within 30 days* of a covered accident. **100%**

Loss of:	
Two or more limbs	100%
Two or more hands or feet	100%
One Limb	50%
One hand or foot	50%
Thumb & index finger on same hand	25%

* AR, IL, MD, ME, OK, TX, & VA: within 90 days. UT: within 180 days. PA: 30 days does not apply to death resulting from an accident. VA: if covered member is totally disabled within 30 days of accident, AD&D must be within one year.



A prosthetic limb starts at \$3,000 for an arm and \$5,000 for a leg.

— www.disabled-world.com

Disabled World, Published May 2009
Updated December 2020

AD&D Example

\$7,500 Benefit Level

Jerry doesn't like to talk about that accident that caused him to lose his foot. However, he'll gladly talk about how helpful his Accident ExpenseGuard plan was during that time. He had chosen the \$7,500 Accident benefit level. That \$7,500 and the additional \$3,750 of AD&D coverage helped him meet his hospital and rehab expenses, get a prosthetic foot, and quickly get back to work on his MBA.

50% of benefit payment for loss of foot: **\$3,750**  **USE THIS MONEY AS YOU SEE FIT**

The people and events depicted here are fictional and do not represent actual cases.



Why Accident ExpenseGuard?

Because Accident ExpenseGuard combines accident coverage with AD&D benefits to help prepare for the unexpected.



Other Details (all insurance plans)

This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure maybe used in the following states:

Alabama	Minnesota
Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
California	Nebraska
Colorado	Nevada
Connecticut	North Carolina
Delaware	Ohio
DC	Oklahoma
Florida	Oregon
Georgia	Pennsylvania
Hawaii	Rhode Island
Idaho	South Carolina
Illinois	South Dakota
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Louisiana	Virginia
Maine	West Virginia
Maryland	Wisconsin
Michigan	Wyoming

Basic Policy Details

State-specific differences may apply.

Exclusions and/or Limitations

No or limited benefits are payable for any loss caused by or resulting from, for, or relating to:

- Diagnosis or treatment that is not medically necessary.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally self-inflicted, bodily harm.
- Participation in a riot; or commission or attempt to commit a felony.
- Active service in the armed forces or related auxiliaries.
- A covered person being intoxicated as defined by applicable state law.
- Any service or confinement related to treatment of therapy for mental disorders or substance abuse (AR drug use disorder).
- Infections of any kind regardless of how contracted.
- 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, guiding, or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- An injury or illness arising out of, or in the course of employment for wage or profit.
- Experimental or investigational treatment(s).
- Cosmetic treatment.
- Vocational or recreational therapy, vocational rehabilitation, outpatient speech therapy, or occupational therapy.
- Expenses incurred outside of the United States.
- Durable medical equipment
- An elective abortion except to preserve the life of the female (ID only).
- Expenses of a prohibited referral is required by Maryland law and regulations (MD only).

No Coordination of Benefits for Accidents

Accident ExpenseGuard pays you benefits even if you have other medical coverage. In order to determine the claim benefit from an accident, you will need to submit an Explanation of Benefits (EOB) with your claim form. The EOB will be used to determine actual charges from the medical provider after adjustments, discounts, or allowances.

Eligibility

At time of application, the primary insured and spouse (as defined by state) must be between 18-64 years of age (renewable to age 70) and eligible children 0-25 years of age (drop off on 26th birthday) or as required by state.

Misstatement of Age, Gender, or Tobacco Use

If the covered person's age, gender, or use of tobacco has been misstated on the covered person's application for coverage under the policy, benefits may be adjusted based on the premium paid to the premium that should have been paid, or any future premiums may be adjusted and past premiums may be refunded or owed to us based on the correct age, gender or tobacco status.

If a covered person's age has been misstated and we would not have issued coverage for that covered person, 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 or longer if required by your state.



Other Details (all insurance plans)

This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.

This brochure may be used in the following states:

Alabama	Minnesota
Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
California	Nebraska
Colorado	Nevada
Connecticut	North Carolina
Delaware	Ohio
DC	Oklahoma
Florida	Oregon
Georgia	Pennsylvania
Hawaii	Rhode Island
Idaho	South Carolina
Illinois	South Dakota
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Louisiana	Virginia
Maine	West Virginia
Maryland	Wisconsin
Michigan	Wyoming

Premium

The age, gender, and tobacco class of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. You will be given at least a 31-day notice (or longer if required by your state) of any change in your premium.

We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

Reasonable and Customary Definition

We base our Reasonable and Customary charge on the most common charge for similar professional services, medicines, or supplies within the area in which the charge is incurred.

Renewability and Termination

The policy is renewable until the earliest of the following:

- The primary insured's 70th birthday or death. If the policy includes dependents, it may be continued after the primary insured's death or 70th birthday:
 - By the spouse, if a covered person
 - Otherwise, by an eligible child who is a covered person;
- 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
- The date there is fraud or a misrepresentation made by or with the knowledge of a covered person.

Underwriting

If incorrect or incomplete information is provided on the application for insurance, coverage may be voided or claims denied.

For Wyoming Residents:

This policy does not contain comprehensive adult wellness benefits as defined by Wyoming law.



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.



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

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/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

