



CriticalGuard critical illness insurance

CriticalGuard | AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV and WY



THIS PRODUCT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA).

THIS POLICY PROVIDES LIMITED BENEFITS. CriticalGuard® is a critical illness product that pays benefits for critical illnesses only and does not provide coverage for any other medical conditions. Benefits are provided in a stated amount, regardless of the actual expense incurred.

Golden Rule Insurance Company is the underwriter and administrator of these plans. Policy Forms: CI-C-GRI (Cancer), CI-H-GRI (Heart/Stroke), CI-CH-GRI (Cancer + Heart/Stroke), CI-CCH-GRI (Critical Illness) and other state variations. Rider Forms: SA-S-3007-GRI (Outpatient Rx), SA-S-3008-GRI (Telemedicine), SA-S-3009-GRI (Wellness) and other state variations

UnitedHealthcare®
Golden Rule Insurance Co.

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Why choose us?



Strength and experience

UnitedHealthcare provides over 27 million Americans with access to health care.¹ Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator 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 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.



Your satisfaction is our goal

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits their needs and budget.

¹ UnitedHealth Group Annual Form 10-K for year ended 12/31/23. ² As of 12/14/23. For the latest rating, access [ambest.com](https://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. State specific differences may apply.

The importance of critical illness insurance



Are you prepared if you were to experience a critical condition?

No one likes to think about being diagnosed with a serious illness like heart disease or cancer. But the reality is, if it should happen, these conditions can often have an affect on your financial well-being as much as your health. CriticalGuard pays a lump sum cash benefit for a qualifying serious illness upon First Diagnosis¹. You can use the money however you want – for bills, living expenses, out-of-pocket medical costs, and more, helping to make it easier to focus on treatment and recovery.



How does CriticalGuard work?

You choose the type of coverage you want and the benefit amount. Plans and benefit amounts range for your choice in coverage for cancer, heart-related issues, advanced illness like Alzheimer's disease, and more and are payable for First Diagnosis¹ after a 30-day waiting period² following the plan effective date.

Additionally, in most states you have the option to add coverage for:

- Wellness
- Outpatient provider-administered prescription drugs
- Telemedicine

Benefits are paid regardless of other insurance coverage, and you use the money for what you need.



It's also good to know:

- Available for issue ages 18 through 90
- Guaranteed issue options are available for select benefit amounts and issue ages
- Plans are guaranteed renewable for life as outlined in the policy



Why critical illness insurance?

Even with health insurance, the cost of major critical illness can have an effect on personal finances. No one likes to think about if a critical illness could happen to them, but being prepared for the “what-ifs” of cancer, heart attack or other critical conditions can make a difference.

What does it mean to be paid a lump sum cash benefit?

A lump sum cash benefit is the amount of money you receive for qualifying critical illness, paid in full, according to the terms of your policy. It can be used to help pay for unexpected medical costs, or even help with other expenses if unable to work.

¹ First Diagnosis means the first occurrence in the covered person's lifetime. First Diagnosis does not apply in some states.² Preexisting Conditions apply. Waiting period may vary by state. Benefit limits apply.

Start here: plans and benefits

First, choose a plan based on the Qualifying Events covered

CriticalGuard offers four plans, each defined by the type of Qualifying Events covered by the policy, so you can choose coverage that is most meaningful to you. Below is a basic summary, but more details can be found in this brochure under the sections “Plan Highlights” and “Exclusions/Limitations.”

				FULL SUITE
Qualifying Events and other benefits by plan type	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Cancer	✓		✓	✓
Heart/Stroke		✓	✓	✓
Other Critical Conditions				✓
Additional services included (See page 6 and page 7 for details)	✓	✓	✓	✓
Optional benefits available (Additional premium applies, see page 8 for details.)	✓	✓	✓	✓

Next, select a Benefit Lifetime Maximum Amount, available in increments of \$5,000

You will receive up to 100% of the maximum you choose for a category of Qualifying Events (or EACH category for plans that have more than one). If a benefit received in a category is less than 100%, the remaining benefit is available and payable according to the terms of a Qualifying Event but will not exceed the maximum. Benefits are payable per person for the chosen plan and are based on First Diagnosis in most states.

				FULL SUITE
Issue age	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Issue ages 18-64	\$50,000 - \$100,000	\$50,000 - \$100,000	\$50,000 - \$100,000	\$5,000 - \$100,000 ¹
Issue ages 65-74	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²	\$5,000 - \$75,000 ²
Issue ages 75-90	\$5,000 - \$50,000	\$5,000 - \$50,000	\$5,000 - \$50,000	\$5,000 - \$50,000

¹ Benefit Lifetime Maximum Amount of \$5,000 or \$10,000 is guaranteed issue (no underwriting).

² Benefit Lifetime Maximum Amount of \$5,000 is guaranteed issue (no underwriting).

Plan highlights

Choose from one of four plans offered: a cancer only plan, a heart illness (Heart/Stroke) only plan, a plan that combines the two together, or the Critical Illness plan which features the full suite of benefits. Qualifying Events are based on First Diagnosis in most states. All plans have a 30-day waiting period following the plan effective date. Benefits are per covered person.

Benefit Lifetime Maximum Amount values are found on page 5.

	FULL SUITE			
	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Cancer Benefit Qualifying Events	Cancer Benefit Lifetime Maximum Amount			
Life-Threatening Cancer	100%	NA	100%	100%
Cancer In Situ ¹	25%	NA	25%	25%
Benign Brain Tumor ¹	25%	NA	25%	25%
Skin Cancer ¹	\$500	NA	\$500	\$500
Heart and Stroke Benefit Qualifying Events	Heart and Stroke Benefit Lifetime Maximum Amount			
Heart Attack	NA	100%	100%	100%
Stroke	NA	100%	100%	100%
Heart Illness ¹	NA	25%	25%	25%
Critical Condition Benefit Qualifying Events	Critical Conditions Benefit Lifetime Maximum Amount			
Advanced Alzheimer's Disease	NA	NA	NA	100%
Amyotrophic Lateral Sclerosis (ALS)	NA	NA	NA	100%
Coma (lasting for a period of at least 7 consecutive days)	NA	NA	NA	100%
End Stage Renal Failure	NA	NA	NA	100%
Loss of Independent Living ^{1,2}	NA	NA	NA	50%
Major Organ Transplant	NA	NA	NA	100%
Additional benefits included in policy (See page 7 for all other additional benefits included by covered Qualifying Events)				
COVID benefit ^{1,3} (Confinement to the ICU with a concurrent positive diagnosis for Coronavirus Disease (COVID))	\$10,000	\$10,000	\$10,000	\$10,000
Pregnancy benefit ³ (First Diagnosis of a Qualifying Event occurs during a covered person's pregnancy)	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit	Additional 50% of Qualifying Event benefit
Optional benefits available (See page 8)				

Plans may be guaranteed issue (no underwriting) or simplified issue (some medical questions), depending on the primary insured's issue age and benefits chosen. All plans are subject to Preexisting Conditions and any other limitation, reduction or exclusion. Benefit availability, amounts, and limitations may vary by state. See State Variations.

¹ Limited to one benefit per person, per lifetime. ² For the permanent inability to perform 2 or more of the 6 activities of daily living (bathing, continence, dressing, eating, toileting, transfer and mobility), as defined in policy, for a period of at least 90 days. ³ Not subject to the Benefit Lifetime Maximum Amount.

Other additional services

Additional programs and services are provided through Optum for prescription discounts, cancer support, and heart failure disease management and are available at no additional cost for persons on the policy.

These programs and services are not insurance and may require a diagnosis to qualify. See State Variations for availability.

Additional services available by plan	Cancer	Heart/Stroke	Cancer + Heart/Stroke	Critical Illness
Optum Perks (prescription discounts)	included	included	included	included
Optum Cancer Resource Service	included	NA	included	included
Optum Heart Failure and Coronary Artery Disease Management Program	NA	included	included	included



Rx discounts with Optum Perks

Save 30-80%¹ on prescriptions with Optum Perks. Just visit perks.optum.com/uho to print your card or send it to your phone. Then at the site you can compare prescription prices at stores near you. To use your savings, show your Optum Perks discount card to the pharmacy during purchase. This little card could make a big difference.

Note: The Optum Perks card is a discount program only and available to the general public.



Cancer support with Optum Cancer Resource Services

If you're preparing for cancer treatment or have already started, an oncology nurse can help you navigate treatment options and help you find a network provider from a high-quality Centers of Excellence (COE) facility.

Here's more of what you can expect:

- Support from an oncology nurse, who can help answer your questions and connect you with a broad spectrum of cancer-related services
- Guidance to appropriate providers for treatment or a second opinion, based on your diagnosis and state of disease
- Helpful information on clinical trials and connection to available community resources



Heart disease management with Optum Heart Failure and Coronary Artery Disease Management Program

The program combines personal interaction, a range of educational resources and "real time" monitoring to allow you to gain information and manage your condition to reduce hospitalizations and health care costs and improve heart health. The program provides information and resources to:

- Understand your condition and its implications
- Recognize and manage symptoms through daily monitoring
- Improve physical activity tolerance and reduce or eliminate health risk factors
- Maintain a healthy lifestyle and adhere to physician treatment plans and medication
- Effectively manage condition and co-morbidities, including depression, hypertension, asthma, diabetes, coronary artery disease, and chronic obstructive pulmonary disease.

¹ Based on pharmacy's usual and customary price. Actual savings may vary.

Optional benefits

Taking care of yourself shouldn't wait until after you are sick. That's why CriticalGuard offers optional benefits to help expand your coverage to include other services important to you.

These riders are only available at the time of application and apply to all persons on the policy. Additional premium applies.

Optional benefits	Benefit rider options
Benefits are per person and not subject to Benefit Lifetime Maximum Amount.	
Wellness For covered wellness exam or procedure including, but not limited to, annual physical, immunization/ vaccination, colonoscopy, and mammography (subject to 30-day waiting period)	\$75 per exam Max 1 exam per Calendar Year
Outpatient Prescription Drug (subject to 30-day waiting period)	Generic: \$15 per prescription fill Brand name: \$50 per prescription fill Limited to combined total of \$600 per Calendar Year
Telemedicine¹ Telemedicine via HealthiestYou	\$0 telemed (unlimited visits) \$0 general physician consultation 24 hours a day by mobile app, web, or phone (Additional charge applies for behavioral health or dermatology consultation)

Benefit availability, amounts, and limitations may vary by state. See State Variations.

¹ Not subject to the waiting period



UHC Member Hub

Manage your CriticalGuard plan with UHC Member Hub



Connecting with your plan

With UHC Member Hub, you can manage your plan anytime including updating contact info, managing billing and submitting claims. To receive plan benefits for eligible services, go to uhcmemberhub.com and print a claim form. Complete the form for covered services. Submit the form to us along with the required information. Instructions regarding the information needed and where to send are included on the form. We will pay benefits directly to you, so you can use the money how you need.

uhcmemberhub.com

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

NOTE: Any reference to “we,” “our” or “us” refers to Golden Rule Insurance Company.

We will not provide any benefits that are caused by, resulting from or in connection with:

The following exclusions apply to all plans:

- Any care or benefits which are not specifically provided for in the policy.
- Any diagnosis which:
 - Is determined to be caused by any act of declared or undeclared war.
 - Is made by you or a member of your immediate family or household.
 - Occurs prior to a covered person’s effective date.
 - Is made outside the United States.
 - Occurs after the date on which coverage under the policy has been terminated.
 - Occurs before satisfaction of the covered person’s waiting period.
 - Occurs while the policy is not in force.
- Intentionally self-inflicted bodily harm.
- A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer’s recommended dosage.
- The covered person’s commission or attempt to commit a felony.
- The covered person taking part in a riot.
- A covered person’s incarceration in a state or federal prison or other detention facility.

- Any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition.
- Any condition that is not Diagnosed as a Qualifying Event. (This exclusion does not apply to the Outpatient Prescription Drug or Wellness benefits, if included.)
- Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event, or as a result of treatment of a Qualifying Event. (This exclusion does not apply to the Outpatient Prescription Drug or Wellness benefits, if included.)

The following exclusions apply to Heart/Stroke, Cancer + Heart/Stroke, and full suite Critical Illness plans only:

- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; para-planing, skydiving; bungee jumping; parakiting; racing or speed testing any motorized vehicle or conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.
- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.

The following exclusion applies to full suite Critical Illness plans only:

- Intentionally medically induced Critical Condition Benefit Qualifying Event, except in the case of major organ transplant.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Definitions

- **Benefit Lifetime Maximum Amount** is the maximum amount you can receive in a lifetime for a given Qualifying Event category.
- **Calendar Year** means a twelve month period which begins at 12:00 a.m. on January 1 of any year and ends at 11:59 p.m. on December 31 of that year.
- **First Diagnosis** means a diagnosis which occurs for the first time in the covered person's lifetime after the waiting period and while the covered person's coverage is in effect under the policy.
- **Qualifying Event** means any of the specific diseases, conditions, or procedures, as defined in detail in the policy.
 - **Cancer Benefit Qualifying Event** means the following diseases or conditions for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: benign brain tumor, cancer in situ, life-threatening cancer, or skin cancer.
 - **Critical Condition Benefit Qualifying Event** means the following diseases, conditions or procedures for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: Advanced Alzheimer's Disease, Amyotrophic Lateral Sclerosis (ALS), coma, end stage renal failure, loss of independent living, or major organ transplant.
 - **Heart and Stroke Benefit Qualifying Event** means the following diseases, conditions or procedures for which positive First Diagnosis is made by a legally qualified physician based on diagnostic criteria generally accepted by the medical profession: heart attack, stroke, or heart illness.

Eligibility

At the time of application, the primary insured must be 18-90 years of age. Your spouse, which is the person to whom you are legally married or your domestic partner (or as defined by state), is also eligible. Eligible child is your or your spouse's child less than 26 years of age. Child includes: natural child; legally adopted child; child placed with you or your spouse for adoption; or child for whom legal guardianship has been awarded to you and your spouse (or as defined by state.)

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, or you fail to notify us of a change of residence, 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.

Notice of Claim

We must receive notice of claim within 30 days after the First Diagnosis of a Qualifying Event or as soon as reasonably possible.

Plan Provisions (continued)

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

Preexisting Conditions

We will not pay benefits under the policy for a Qualifying Event 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 12 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 12 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 12 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 symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 12 months immediately preceding the covered person's effective date.

Premium Change

Premium rates are subject to change. The issue state, type and level of benefits and the age of the covered person on the policy effective date are some of the factors that could be used to determine your rate. Your rate may also be adjusted based on a new requirement under state or federal law or when a change in any existing state or federal requirement becomes

effective which applies to the policy. 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.

Renewability and Termination of Policy

The Policy is renewable until the earliest of the following:

- The date the maximum benefit has been paid for the cancer, heart and stroke, critical condition, and COVID benefit and all riders attached (as applicable to the policy and optional benefits chosen);
- 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; or
- The date of your death, if this is a primary insured only policy.

Right to Examine

It is important to us that you are satisfied with the coverage being provided. This product has a right to examine period, also commonly referred to as "free look." After applying and after your policy is issued, if you are not satisfied the coverage will meet your insurance needs, you may return the policy to us within 10 days (or as required by state) and have the paid premium refunded. Refer to policy for details.

Underwriting

- If you provide incorrect or incomplete information on your application, your coverage may be voided or claims denied.

State Variations

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Alaska

Forms CI-C-GRI-50, CI-H-GRI-50, CI-CH-GRI-50 and CI-CCH-GRI-50

- In the Premium Change provision, we will give you at least a 45 day notice of any changes.

Alabama

Forms CI-C-GRI-01, CI-H-GRI-01, CI-CH-GRI-01 and CI-CCH-GRI-01

- In the exclusion for a loss as a result of the covered person being under the influence of a controlled substance, it does not apply if it is administered on the advice of a legally qualified physician.
- The Misstatement of Residence provision is revised to Change of Residence. If you have a change of residence between the application date and the policy effective date, we will apply the correct premium amount beginning on the policy effective date.

Arizona

Forms CI-C-GRI-02, CI-H-GRI-02, CI-CH-GRI-02 and CI-CCH-GRI-02

- The exclusion for incarceration only applies to state or federal prison.
- The following exclusions do not apply:
 - Any diagnosis which is made by you or a member of your immediate family or household.
 - Any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition does not apply.

Arkansas

Forms CI-C-GRI-03, CI-H-GRI-03, CI-CH-GRI-03 and CI-CCH-GRI-03

- There are no variations.

Colorado

Forms CI-C-GRI-05, CI-H-GRI-05, CI-CH-GRI-05 and CI-CCH-GRI-05

- **The optional Wellness benefit is not available.**
- The exclusion for intentionally self-inflicted bodily harm applies only while the covered person is sane.
- Spouse is expanded to include civil union partner.

Connecticut

Forms CI-C-GRI-06, CI-H-GRI-06, CI-CH-GRI-06 and CI-CCH-GRI-06

- **The optional Wellness benefit is not available.**
- The exclusion regarding intoxication and being under the influence is revised:
 - No indemnity will be paid 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 legally qualified physician for the covered person.
 - Being intoxicated; defined as having a blood alcohol content which results in the covered person being deemed legally intoxicated under the laws of the jurisdiction in which the loss is sustained or contracted.
- The following exclusions do not apply:
 - Any diagnosis which is made by you or a member of your immediate family or household does not apply.
 - Any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition does not apply.
- Preexisting Condition means:
 - Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 months immediately preceding 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 12 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date.
- If a Qualifying Event occurs during the waiting period, the policy will be voided and a full premium refund will be provided.
- There is a 30-day right to examine period.

Delaware

Forms CI-C-GRI, CI-H-GRI, CI-CH-GRI and CI-CCH-GRI

- There are no variations.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

District of Columbia

Forms CI-C-GRI-08, CI-H-GRI-08, CI-CH-GRI-08 and CI-CCH-GRI-08

- The exclusion for intoxication and being under the influence is revised: A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or voluntary use of illegal drugs; the intentional misuse of prescription drugs, or taking of over the counter medication not taken in accordance with the recommended dosage and warning instructions.
- Eligible child is expanded to include a minor grandchild, niece or nephew if: (1) a covered person is responsible for the primary care of the minor grandchild, niece, or nephew; and (2) the legal guardian of the minor grandchild, niece, or nephew if other than the covered person, is not covered by an accident or sickness policy.
- Spouse means a person of the same or opposite sex who is legally married to the primary insured under the laws of the state or jurisdiction in which the marriage took place. "Spouse" includes domestic partner and civil union partner.
- Preexisting Condition means:
 - Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 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 12 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 symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused a person to seek medical advice, diagnosis, care, treatment or further evaluation within the 12 months immediately preceding the covered person's effective date.

Florida

Forms CI-C-GRI-09, CI-H-GRI-09, CI-CH-GRI-09 and CI-CCH-GRI-09

- Eligible child is expanded to include a child 26 years of age and older up to the child's 31st birthday, unmarried, and not covered by any other health benefit plan.
- In the Premium Change provision, we will give you at least a 45 day notice of any changes.

Georgia

Forms CI-C-GRI-10, CI-H-GRI-10, CI-CH-GRI-10 and CI-CCH-GRI-10

- In the Premium Change provision, we will give you at least a 60 day notice of any changes
- For Cancer + Heart/Stroke and Critical Illness plans only, there is a Lifetime Maximum Benefit per covered person of \$250,000. Once that is exhausted, no further benefits will be paid under the policy for that covered person.
- In the Premium Change provision, we will give you at least a 60 day notice of any changes.

Hawaii

Forms CI-C-GRI-51, CI-H-GRI-51, CI-CH-GRI-51 and CI-CCH-GRI-51

- References to covered person, dependent, and immediate family are expanded to include your Reciprocal Beneficiary. Reciprocal Beneficiary means an adult who, along with another adult, are parties to a valid Reciprocal Beneficiary relationship and meet the following requisites for a valid Reciprocal Beneficiary relationship:
 - Each of the parties be at least eighteen years old;
 - Neither of the parties be married, a party to another Reciprocal Beneficiary relationship, or a partner in a civil union;
 - The parties be legally prohibited from marrying one another under HAW. REV. STAT. §572;
 - Consent of either party to the Reciprocal Beneficiary relationship has not been obtained by force, duress, or fraud; and
 - Each of the parties sign a declaration of Reciprocal Beneficiary relationship as provided in Section HAW. REV. STAT. §572C 5.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Idaho

Forms CI-C-GRI-11, CI-H-GRI-11, CI-CH-GRI-11 and CI-CCH-GRI-11

- **The benefits for Loss of Independent Living and Major Organ Transplant are not available on Critical Illness plan.**
- **The optional Wellness, Outpatient Prescription Drug, and Telemedicine benefits are not available.**
- The exclusion for being under the influence is revised to: A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance while driving, unless administered or prescribed by a legally qualified physician.
- The exclusion for a covered person's attempt to commit a felony does not apply, but the exclusion for commission of a felony still applies.
- The exclusion for participating, instructing, demonstrating, guiding or accompanying others in a list of high risk activities (such as parachute jumping or rock climbing) applies only if those activities are done professionally.
- The exclusion for intentionally medically induced Critical Condition Benefit Qualifying Event does not apply.

Illinois

Forms CI-C-GRI-12, CI-H-GRI-12, CI-CH-GRI-12 and CI-CCH-GRI-12

- The exclusion for covered person's commission or attempt to commit a felony also excludes charges to which a contributing cause was engaging in an illegal occupation.
- The following exclusions do not apply:
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; para-planing, skydiving; bungee jumping; parakiting; racing or speed testing any motorized vehicle or

conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.

- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.
- Eligible child is your or your spouse's child less than 26 years of age or less than 30 years of age and all of the following:
 - Is an Illinois resident;
 - Has served as a member of the United States Armed Forces;
 - Has received a release or discharge other than a dishonorable discharge; and
 - Has submitted a copy of his/her form DD-214 Certificate of Release or Discharge from active duty to us stating the date on which the dependent was released from service.
- Spouse is expanded to include civil union partner.

Indiana

Forms CI-C-GRI-13, CI-H-GRI-13, CI-CH-GRI-13 and CI-CCH-GRI-13

- **The COVID benefit is not available.**
- "First Diagnosis" does not apply, meaning the diagnosis is not required to be the first diagnosis in the covered person's lifetime.
- The exclusion for any diagnosis which occurs prior to the covered person's effective date does not apply.
- "Eligible child" is expanded to include a step-child.
- There is a 30-day right to examine period.

Iowa

Forms CI-C-GRI-14, CI-H-GRI-14, CI-CH-GRI-14 and CI-CCH-GRI-14

- The exclusion for the covered person's commission or attempt to commit a felony only applies if charged.
- There is a 30-day right to examine period.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Kansas

Forms CI-C-GRI-15, CI-H-GRI-15, CI-CH-GRI-15 and CI-CCH-GRI-15

- There are no variations.

Kentucky

Forms CI-C-GRI-16, CI-H-GRI-16, CI-CH-GRI-16 and CI-CCH-GRI-16

- The exclusion for any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition does not apply.
- In the Notice of Claim provision, we must receive notice of claim within 60 days after the First Diagnosis of a Qualifying Event or as soon as reasonably possible.

Louisiana

Forms CI-C-GRI-17, CI-H-GRI-17, CI-CH-GRI-17 and CI-CCH-GRI-17

- The exclusion for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply if the person is detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.
- Eligible child is expanded to include a grandchild who is in your or your spouse's legal custody and residing in your home or a child placed with you following execution of an act of voluntary surrender in your favor.
- The term "spouse" does not include your domestic partner.
- In the Premium Change provision, your rate will not change during the initial 12 months following the policy effective date for initial covered persons and not more than once in any six month period following that initial 12 month period. We will give you at least a 45 day notice of any changes.
- There is a 30-day right to examine period.
- In the Termination of Policy provision, termination for material misrepresentation is based on intentional material misrepresentation.

Maine

Forms CI-C-GRI-18, CI-H-GRI-18, CI-CH-GRI-18 and CI-CCH-GRI-18

- In the Preexisting Conditions provision, the preexisting 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 symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 6 months immediately preceding the covered person's effective date.
- In the Premium Change provision, we will give you at least a 60 day notice of any changes.

Maryland

Forms CI-C-GRI-19, CI-H-GRI-19, CI-CH-GRI-19 and CI-CCH-GRI-19

- **The optional Telemedicine benefit is not available.**
- There is no waiting period.
- The exclusion for any diagnosis which occurs prior to the covered person's effective date is subject to the Preexisting Conditions provision.
- The following exclusions do not apply:
 - Any diagnosis which occurs before satisfaction of the covered person's waiting period.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Maryland (continued)

- The following exclusions do not apply: (continued)
 - A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
 - The covered person's commission or attempt to commit a felony.
 - The covered person taking part in a riot.
 - A covered person's incarceration in a state or federal prison or other detention facility.
 - Any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition.
- "Eligible child" is expanded to include a grandchild who is unmarried, under 26 years of age, in your court-ordered custody, resides with you, and is your dependent.
- In the Premium Change provision, we will give you at least a 45 day notice of any changes.
- In the Termination of Policy provision, termination for nonpayment of premium occurs on the last day of the grace period, if the premium due is not paid by the last day of the grace period.

Michigan

Forms CI-C-GRI-19, CI-H-GRI-19, CI-CH-GRI-19 and CI-CCH-GRI-19

- **The optional Wellness benefit is not available.**
- The following exclusions do not apply:
 - Intentionally self-inflicted bodily harm.
 - A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally

qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.

- The covered person taking part in a riot.
- The exclusion for committing or attempting to commit a felony is revised: The covered person's committing or attempting to commit a misdemeanor or felony, whether or not charged or being engaged in an illegal occupation or other Willful Criminal Activity was a contributing cause. (Willful Criminal Activity includes, but is not limited to, any of the following: operating a vehicle while intoxicated, as defined under a state's laws; or operating a methamphetamine laboratory. Willful Criminal Activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony under a state's laws.)

Minnesota

Forms CI-C-GRI-22, CI-H-GRI-22, CI-CH-GRI-22 and CI-CCH-GRI-22

- Eligible child is expanded to include a grandchild who is financially dependent upon, and resides with, you or your spouse continuously from birth.

Mississippi

Forms CI-C-GRI-23, CI-H-GRI-23, CI-CH-GRI-23 and CI-CCH-GRI-23

- Any reference to "First Diagnosis" is replaced with "initial diagnosis." Initial diagnosis means a diagnosis, as defined in the policy, after the waiting period and while the covered person's coverage is in effect under the policy.
- In the Premium Change provision, we will give you at least a 75 day notice of any changes.
- The Misstatement of Residence provision was revised to Change of Residence. If you have a change of residence between the application date and the policy effective date, we will apply the correct premium amount beginning on the first premium due date you resided at the residence.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Missouri

Forms CI-C-GRI-24, CI-H-GRI-24, CI-CH-GRI-24 and CI-CCH-GRI-24

- Benefits for a First Diagnosis of a Qualifying Event that occurs during the waiting period will be limited to \$250, per covered person, per lifetime. The Benefit Lifetime Maximum Amount for the respective Qualifying Event will be reduced by any benefit paid during the waiting period and no further benefits will be paid under the policy to such covered person for that particular Qualifying Event.
- **The optional Wellness benefit is not available.**
- The exclusion for intentionally self-inflicted bodily harm does not apply if the person was insane.
- The exclusion for any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility does not apply.
- In the Preexisting Condition provision, the Preexisting Condition limitation will not apply to an eligible child legally placed for adoption with you or your spouse.

Montana

Forms CI-C-GRI-25, CI-H-GRI-25, CI-CH-GRI-25 and CI-CCH-GRI-25

- The exclusion for intentionally self-inflicted bodily harm does not apply.
- The exclusion for a Qualifying Event incurred as a result of the covered person being intoxicated or under the influence of illegal narcotics or controlled substance does not apply.
- The exclusion for a covered person's commission or attempt to commit a felony applies only if being convicted of those charges.
- In the Notice of Claim provision, we must receive notice of claim within 6 months after the First Diagnosis of a Qualifying Event or as soon as reasonably possible.
- Preexisting Condition means a limitation relating to a condition based on presence of a condition before the effective date of coverage, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before the effective date.

- In the Premium Change provision, your rate will not change during the initial 12 months following the policy effective date for initial covered persons. We will give at least a 45-day notice of premium changes.

Nebraska

Form CI-C-GRI-26, CI-H-GRI-26, CI-CH-GRI-26 and CI-CCH-GRI-26

- The exclusions for racing apply to organized racing.
- The exclusion for engaging in an illegal activity does not apply, but the exclusion for engaging in an illegal occupation still applies.
- Preexisting Condition means any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 months immediately preceding 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 12 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date.

Nevada

Form CI-C-GRI-27, CI-H-GRI-27, CI-CH-GRI-27 and CI-CCH-GRI-27

- The exclusion for a Qualifying Event incurred as a result of the covered person being intoxicated or under the influence of illegal narcotics or controlled substance does not apply.
- The exclusion for felony was revised: the covered person's commission or attempt to commit a felony for which the covered person has been convicted. This exclusion does not apply if a covered person is the victim of domestic violence, regardless of whether the covered person contributed to any loss or injury.
- In the Premium Change provision, we will give you at least 60 days notice of any changes.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

New Hampshire

Forms CI-C-GRI-28, CI-H-GRI-28, CI-CH-GRI-28 and CI-CCH-GRI-28

- The exclusion for intoxication and being under the influence was replaced with: Voluntary consumption of drugs that are not prescribed by the covered person's legally qualified physician or used in the manner intended or felonious driving while intoxicated by alcoholic substances.
- The exclusion for a covered person's attempt to commit a felony does not apply, but the exclusion for commission of the felony still applies.
- The exclusion for a covered person's incarceration in a state or federal prison or other detention facility does not apply.
- The exclusion for participating, instructing, demonstrating, guiding, or accompanying others in a list of activities is revised to only exclude participating in professional sports.
- The exclusion for participating, instructing, demonstrating, guiding, or accompanying others in a list of activities if the covered person is paid to participate or instruct does not apply.
- The exclusion for any Qualifying Event caused directly or indirectly by AIDS or AIDS related condition does not apply.
- The exclusion for loss resulting from any other disease, sickness or incapacity is revised: Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event. (This exclusion does not apply to the Outpatient Prescription Drug benefit or Wellness benefit, if included.)
- In the Preexisting Conditions provision, the Preexisting Condition limitation will not apply longer than 6 months after the covered person's effective date under the policy.
- Preexisting Condition means:
 - The existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately preceding the covered person's effective date; or
 - Any condition for which medical advice or treatment was recommended by legally qualified physician within the 6 months immediately preceding the covered person's effective date.

- There is a 30-day right to examine period.

North Carolina

Forms CI-C-GRI-32, CI-H-GRI-32, CI-CH-GRI-32 and CI-CCH-GRI-32

- The exclusion for any diagnosis determined to be caused by any act of war does not apply if it is terrorism.
- The exclusion for the covered person taking part in a riot applies to an active riot.
- The exclusion for any qualifying event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition does not apply.
- Eligible child is expanded to include a foster child, as defined in the policy, or child for whom you or your spouse is required by a court or administrative order to provide coverage.
- In Preexisting Conditions provision, Preexisting Conditions do not apply to covered person's that are sixty-five or older on the policy effective date, unless specifically excluded by a rider.
Preexisting Condition means:
 - Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 months immediately preceding 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 12 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date.
- In the Premium Change provision, we will give you at least a 45 day notice of any changes. Your rate will not change during the initial 12 months following the policy effective date for initial covered persons and not more than once in any 12 month period following that initial 12 month period.
- In the Termination of Policy provision, the date there is fraud by or with the knowledge of a covered person does not apply. It applies only to material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

North Dakota

Forms CI-C-GRI-33, CI-H-GRI-33, CI-CH-GRI-33 and CI-CCH-GRI-33

- Eligible child is expanded to include a grandchild under the age of 26, dependent upon, and residing with, the covered grandparent; a child placed with any covered person for adoption; and a child for whom legal guardianship has been awarded to any covered person.
- Preexisting Condition means:
 - Any sickness, injury or condition for which medical advice, care or treatment was recommended or received within the 12 months immediately preceding 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 12 months immediately preceding the covered person's effective date that results in medical care or treatment after the covered person's effective date.

Ohio

Forms CI-C-GRI-34, CI-H-GRI-34, CI-CH-GRI-34 and CI-CCH-GRI-34

- There are no variations.

Oklahoma

Forms CI-C-GRI-35, CI-H-GRI-35, CI-CH-GRI-35 and CI-CCH-GRI-35

- In the exclusion for any diagnosis caused by an act of war, the exclusion applies while serving in the military or an auxiliary unit thereto.
- The exclusion for intoxication was revised: A qualifying event sustained while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician.
- The following exclusions do not apply:
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; para-planing; skydiving; bungee

jumping; parakiting; racing or speed testing any motorized vehicle or conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.

- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.
- There is a 30-day right to examine period.

Pennsylvania

Forms CI-C-GRI-37, CI-H-GRI-37, CI-CH-GRI-37 and CI-CCH-GRI-37

- **The optional Wellness, Outpatient Prescription Drug, and Telemedicine benefits are not available.**
- **Optum Cancer Resource Services, Optum Heart Failure Disease Management Program, and Optum Perks are not available.**
- References to First Diagnosis are replaced with Diagnosis. Diagnosis means the definitive establishment of a qualifying event through the use of clinical and/or laboratory findings (either during life or postmortem) which occurs after the waiting period and while the covered person's coverage is in effect under the policy.
- Preexisting Condition means any sickness, or injury for which medical advice, care or treatment was recommended or received within the 5 years immediately preceding the covered person's effective date. NOTE: Preexisting exclusion period is still 12 months.

Rhode Island

Forms CI-C-GRI-38, CI-H-GRI-38, CI-CH-GRI-38 and CI-CCH-GRI-38

- Spouse is expanded to include civil union partner.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

South Carolina

Forms CI-C-GRI-39, CI-H-GRI-39, CI-CH-GRI-39 and CI-CCH-GRI-39

- The following exclusion does not apply: A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- There is a 30-day right to examine period.

South Dakota

Forms CI-C-GRI-40, CI-H-GRI-40, CI-CH-GRI-40 and CI-CCH-GRI-40

- The exclusion for a diagnosis made by an immediate family member does not apply if the family member is the only physician within 50 miles and is acting within the scope of his/her license.
- The following exclusions do not apply:
 - Any diagnosis which occurs prior to a covered person's effective date.
 - A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.

Tennessee

Forms CI-C-GRI-41, CI-H-GRI-41, CI-CH-GRI-41 and CI-CCH-GRI-41

- The exclusion for any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition does not apply.

Texas

Forms CI-C-GRI-42, CI-H-GRI-42, CI-CH-GRI-42 and CI-CCH-GRI-42

- **Optum Cancer Resource Services and Optum Heart Failure Disease Management Program are not available through the policy.**
- The following exclusions do not apply:
 - Any diagnosis which Is made outside the United States.
 - A Qualifying Event incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a legally qualified physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
 - The covered person taking part in a riot.
- The following exclusions do not apply: (continued)
 - Any Qualifying Event, caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition.
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; para-planing, skydiving; bungee jumping; parakiting; racing or speed testing any motorized vehicle or conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.
- Eligible child is expanded to include a child for which you or your spouse are party to a suit seeking to adopt the child. It also includes your or your spouse's grandchild that is unmarried, less than 26 years of age, and is your or your spouse's dependent for federal income tax purposes at the time of application.
- In the Preexisting Condition provision, the Preexisting Condition limitation for covered persons age 65 or older on the covered person's effective date will not apply longer than 6 months after the covered person's applicable effective date under the policy.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Utah

Forms CI-C-GRI-43, CI-H-GRI-43, CI-CH-GRI-43 and CI-CCH-GRI-43

- The exclusion for intoxication and being under the influence is revised: A Qualifying Event incurred as a direct result of the covered person being found guilty of voluntarily participating in an illegal activity while being intoxicated, as defined by applicable state law in the state in which the Qualifying Event occurred, or being found guilty of voluntarily participating in an illegal activity while under the influence of illegal narcotics or controlled substance unless administered or prescribed by a Legally Qualified Physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage.
- In the exclusions for commission of a felony it applies to voluntary commission.
- In the exclusion for taking part in a riot, it applies to voluntarily taking part.
- The following exclusions do not apply:
 - Intentionally medically induced Critical Condition Benefit Qualifying Event, except in the case of Major Organ Transplant.
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; para-planing, skydiving; bungee jumping; parakiting; racing or speed testing any motorized vehicle or conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.
 - Any Qualifying Event caused by AIDS or AIDS related condition.
- First Diagnosis means a diagnosis which occurs for the first time after the waiting period and while the covered person's coverage is in effect under the policy.
- Eligible child is expanded to include your child for whom you are required by a court or administrative order to provide medical coverage. In addition, a child placed with your or your spouse for adoption is eligible only if placed prior to the age of 18.
- In the Preexisting Conditions provision, the limitation will not apply

longer than 6 months after the covered person's effective date.

- 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
- Preexisting Condition means: (continued)
 - Any sickness, injury or symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 6 months immediately preceding the covered person's effective date.
- In the Premium Change provision, we will give you at least a 45 day notice of any changes.
- There is a 30-day right to examine period.

Virginia

Forms CI-C-GRI-45, CI-H-GRI-45, CI-CH-GRI-45 and CI-CCH-GRI-45

- **The optional Wellness and Telemedicine benefits are not available.**
- References to First Diagnosis are replaced with Diagnosis. Diagnosis means the definitive establishment of a qualifying event through the use of clinical and/or laboratory findings. The Diagnosis must be made by a legally qualified physician who is also a board-certified specialist where required under the policy. A clinical Diagnosis will be accepted if a pathological Diagnosis cannot be reasonably obtained.
- Spouse does not include your domestic partner.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Virginia (continued)

- Preexisting Condition means:
 - Any sickness or condition for which any diagnostic procedure or screening was recommended to or received by the covered person within the 12 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 or symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 12 months immediately preceding the covered person's effective date.
- In the Premium Change provision, your rate will not change during the initial 12 months following the policy effective date for initial covered persons and not more than once in any 12 month period following that initial 12 month period.
- The Misstatement of Age provision is revised: If a covered person's age has been misstated, the benefits will be those the premium would have purchased at the correct age. If a covered person's age has been misstated and we would not have issued coverage for that person, we will refund the premium paid and coverage would be void from the effective date.
- The exclusion for any diagnosis made by a member of your household only applies if that member is a member of your immediate family, as defined in the policy.
- The exclusion for intoxication is revised: a Qualifying Event incurred as a result of the covered person being drunk or under the influence of any narcotics unless taken under the advice of a doctor.
- The following exclusions do not apply:
 - A covered person's incarceration in a state or federal prison or other detention facility.
 - Participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; para-sailing; paraplaning, skydiving; bungee jumping;

- parakiting; racing or speed testing any motorized vehicle or conveyance; scuba/skin diving (when diving 60 or more feet in depth); or rodeo sports.
- Participating, instructing, demonstrating, guiding, or accompanying others in any of the following if the covered person is paid to participate or instruct: racing or speed testing any non-motorized vehicle or conveyance; horseback riding; rock or mountain climbing; or skiing.

West Virginia

Forms CI-C-GRI, CI-H-GRI, CI-CH-GRI and CI-CCH-GRI

- There are no variations.

Wisconsin

Forms CI-C-GRI-48, CI-H-GRI-48, CI-CH-GRI-48 and CI-CCH-GRI-48

- Outlines of Coverage for this state, CI-C-OC-GRI-48, CI-H-OC-GRI-48, CI-CH-OC-GRI-48 and CI-CCH-OC-GRI-48, can be viewed at <https://stage.uhone.com/api/supplsystem/?Filename=49836OCWI-G202309.pdf>.
- Preexisting Condition means:
 - Any sickness, injury or condition, misrepresented or not fully disclosed on the application, for which medical advice, care or treatment was recommended or received within the 12 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 12 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 symptom(s) that, in the opinion of a legally qualified physician, manifested itself in a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, treatment or further evaluation within the 12 months immediately preceding the covered person's effective date.
- In the Premium Change provision, we will give you at least a 60 day notice of any changes.

State Variations (continued)

Please see below for state availability and applicable state-specific benefits, exclusions and limitations.

Wyoming

Forms CI-C-GRI-49, CI-H-GRI-49, CI-CH-GRI-49 and CI-CCH-GRI-49

- 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; 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.
- In the Notice of Claim provision, we must receive notice of claim within 60 days of the First Diagnosis of a Qualifying Event or as soon as reasonably possible.
- **The policy does not contain comprehensive adult wellness benefits as defined by 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.

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>)

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;
4. and (c) accepted by the proposed insured.

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.