



Accident ProGap

Accident Expense with Critical Illness and Hospital Admission Insurance

Supplemental Coverage for Health Insurance

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This product provides limited benefits.

This is an Accident policy that includes Critical Illness, Accidental Death & Dismemberment and Hospital Admission 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), -07 (DE), -08 (DC), -09 (FL), -10 (GA), -51 (HI), -12 (IL), -13 (IN), -14 (IA), -15 (KS), -17 (LA), -18 (ME), -19 (MD), -22 (MN), -23 (MS), -24 (MO), -25 (MT), -26 (NE), -27 (NV), -32 (NC), -34 (OH), -35 (OK), -36 (OR), -38 (RI), -39 (SC), -40 (SD), -42 (TX), -43 (UT), -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.



A serious illness or injury can impact finances.

Insurance today for doctor and hospital coverage comes in a variety of shapes and sizes. Nearly all plans have some out-of-pocket expenses that must be paid, whether up-front or later on. Accident ProGap is designed to help with those expenses that a primary insurance plan may not pay.

How? By combining coverages for:



Accidental Injury



Critical Illness



Accidental Death & Dismemberment



Hospital Admission
for sickness only

What Accident ProGap Benefits can be used for:

**Medical out-of-pocket expenses
(deductible, coinsurance)**

Lost wages

Mortgage or rent

Utility bills

Food or gas money

Any unexpected expenses

PROTECT YOUR LIFESTYLE

Missing work when you're injured or sick can lead to lost wages. Accident ProGap can help.



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

— www.ValuePenguin.com
2019 Federal Reserve Survey

Patients often experience financial hardship because of the many expenses insurance does not cover.

The chances of surviving cancer, a heart attack, or a stroke are higher than ever. "The relative survival rate for all cancers combined has increased substantially," according to the American Cancer Society.* While that's great news, recovering from an accident or major illness can mean missed work and being without a paycheck. Accident ProGap helps by paying an insured directly for accidental injuries or the diagnosis of a qualifying critical illness after the waiting period.

* www.cancer.org Facts & Figures 2021: What Percentage of People Survive Cancer?





What is Accident ProGap?

Payment for expenses associated with an accident or lump sum payment for a hospital admission for sickness or a critical illness diagnosis. This payment is made directly to you.



Choose how much accident coverage you want.

GUARANTEED ISSUE ACCIDENT PROGAP		
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:	\$2,500, \$5,000 or \$10,000
CRITICAL ILLNESS BENEFIT AMOUNT^{3,4} Primary Insured, per illness. Lifetime maximum is 3 times amount chosen.	We pay up to:	\$2,500, \$5,000, or \$10,000 (Matches Accidental Injury Amount Selected)
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFIT AMOUNT (per covered person, lifetime maximum)	We pay up to:	\$2,500, \$5,000, or \$10,000 (Matches Accidental Injury Amount Selected)
HOSPITAL ADMISSION BENEFIT AMOUNT⁴ (1 per covered person per calendar year— applies to sickness only, minimum 24-hour stay)	We pay up to:	\$2,500

3x

Qualifying critical illnesses and AD&D are matching amounts. A \$2,500 benefit payout for a hospital admission due to sickness is included each year.

CHOOSE FROM 3 BENEFIT LEVELS



MATCHING AMOUNT



MATCHING AMOUNT



\$2,500 INCLUDED



¹ No deductible in CA.

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.

³ A 30-day waiting period applies for the critical illness and hospital admission benefit in most states. Benefits paid are based on the covered illness that is diagnosed. See page 5 for details. If a spouse and/or children are on the policy, they are covered at 50% of the primary insured critical illness benefit amount chosen.

⁴ Subject to Preexisting Condition limitation.





COVERED SERVICES

ACCIDENTAL INJURY

Accident ProGap 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 |
| Fractures ² | Prosthetics |
| Hospital Stay /ICU | Surgery ² |

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

² IN - treatment within 6 months.

³ 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 hiking a steep, rocky path, Ann slips. She breaks her leg and suffers multiple cuts as she falls. A trip to the hospital which includes setting the broken leg and stitching the lacerations costs her \$4,730 in medical expenses.

Total benefit paid to Ann:
(\$4,730 benefit - \$250 deductible)³

\$4,480



USE THIS MONEY
AS YOU SEE FIT

Ann is paid this benefit regardless of the benefits paid by other insurance, and she still has \$5,520 of the Accident ProGap accident benefit left for the year. Her \$10,000 benefit starts over the following year.

All reimbursements for covered services apply after a \$250 calendar-year deductible³ 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 CONDITIONS CRITICAL ILLNESS

The lifetime maximum benefit payout is three times the selected benefit amount. A 30-day waiting period applies to all benefits in most states.¹

3x

% OF BENEFIT PAID COVERED CONDITIONS

Heart attack	100%
Stroke	100%
Invasive cancer after 90 days ²	100%
Coma	100%
Paralysis	100%
Major organ/tissue failure	100%
Third degree burns	100%
End stage renal failure	100%
Loss of hearing (deafness)	100%
Loss of speech	100%
Loss of vision (blindness)	100%
Non-invasive cancer after 90 days ²	25%
Benign brain tumor	25%
Heart Illnesses: Coronary artery bypass graft or other bypass, Angio jet clot busting, Laser/balloon angioplasty, Arthrectomy, Stent implantation, Abdominal aortic aneurysm surgery, or Open heart surgery to replace or repair one or more heart valves ³	25%

¹ IL & MO, within 30 days - \$500 maximum. MD: no waiting period

² Diagnosis 31-90 days after plan's effective date pays 10% of benefit.

UT - more than 30 days after effective date - 100%. MD: no waiting period.

³ The Heart Illnesses listing is grouped under one benefit—even if you experience more than one of the listed heart conditions it pays once.

Over 800,000 Americans have a heart attack each year.

— www.cdc.org Heart Disease Statistics

Updated 2020, National Center for Health Statistics Study



Critical Illness Example

\$10,000 Benefit Level

Deborah works long hours building her real estate business. The heart attack she suffers one night teaches her two things. First, the \$10,000 critical illness coverage of her Accident ProGap plan was a good idea. It helps pay for treatment and recovery time when she can't work. Second, maybe she should take things easier and enjoy both her business and her family more.

100% of benefit payment for heart attack: **\$10,000** **USE THIS MONEY AS YOU SEE FIT**

You will only be allowed one benefit payout per covered person per policy for each of the listed conditions, and 180 days must pass between each qualifying diagnosis.

If a spouse and/or children are on the policy, they are covered at 50% of the primary insured critical illness benefit.

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: within 90 days. UT: within 180 days.



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

\$10,000 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 ProGap plan was during that time. He had chosen the \$10,000 Accident benefit level. That \$10,000 and the additional \$5,000 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: **\$5,000** **USE THIS MONEY AS YOU SEE FIT**

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





COVERED: SICKNESS ONLY HOSPITAL ADMISSION

You never know when serious sickness may strike you or your family. Even with a health plan, you may still have a deductible to pay first before your insurance coverage pays. A hospital admission with a minimum 24-hour stay ("Stay")* for sickness is the qualifying event needed to receive a lump sum payout of this benefit.

% OF BENEFIT PAID
HOSPITAL STAY

Due to sickness

100%

Over 36 million people are admitted to the hospital each year.

— www.aha.org 2019 Edition AHA Hospital Statistics



Why Accident ProGap?

Because Accident ProGap combines accident coverage, critical illness coverage, and AD&D benefits, plus \$2,500 for hospital admission for sickness to help prepare for the unexpected.

* SD: "minimum 24-hour stay does not apply."



Hospital Admission Example

\$2,500 Benefit

Tom's tailgating party with friends is cut short by a pain in his stomach. His friends rush him to the hospital where he's diagnosed and admitted for appendicitis. The Accident ProGap \$2,500 hospital admission benefit helps him pay some of the medical expenses not covered by other insurance, which leaves him free to focus on recovering in time for the next party with his friends.

Benefit payment for hospital admission: **\$2,500** **USE THIS MONEY AS YOU SEE FIT**

A 30-day waiting period applies to the hospital admission benefit in most states (IL, MO & UT: within 30 days - \$500 maximum; MD: no waiting period). The benefit is \$2,500 and is paid as a lump sum for a hospital Stay due to sickness once per covered person, per calendar year. If a spouse and/or children are on the policy, each is eligible for the same \$2,500 benefit amount (one time a calendar year).



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

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.
- Voluntarily taking any sedative or drug, or inhalation of any gas.
- 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, 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 any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- Participation in hazardous activities.
- 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.
- Hospital admission is covered for sickness only.
- Expenses of a prohibited referral as required by Maryland laws and regulations (MD only).

No Coordination of Benefits for Accidents

Accident ProGap 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.

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

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.

Preexisting Conditions for Critical Illness/Hospital Admission

We will not pay benefits for diagnosis of a critical illness or benefits for a hospital admission that is due to a preexisting condition during the initial 12 consecutive months (ME and UT, 6 months for Critical Illness) after the covered person's effective date, including any waiting period. After 12 months (ME and UT, 6 months for Critical Illness) following a covered person's effective date, diagnosis of a critical illness that is a preexisting condition is covered unless otherwise excluded by the rider/policy.

"Preexisting condition" means an illness, injury or condition:

- For which medical advice, diagnosis, care, treatment, or prescription medication was recommended to or received by a covered person during the 12 months (NV and WY within 6 months; ME and UT, 6 months for Critical Illness) immediately preceding the effective date the covered person became insured under the rider/policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months (NV within 6 months; ME and UT, 6 months for Critical Illness) immediately preceding the applicable effective date the covered person became insured under the rider/policy, except in CA, MT, NC & WY.

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.

For Wyoming Residents:

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

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.



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>)

