



Health ProtectorGuardSM

This product provides limited benefits. Health ProtectorGuardSM is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act.

UnitedHealthcare Life Insurance Company is the underwriter and administrator of these plans.

Policy Form FIH1-UHL, -42, and other state variations

Why Choose Us?

You are the One with UnitedHealthOneSM

UnitedHealthOneSM plans are offered by one of the most experienced and highly rated personal health insurance providers in the U.S. UnitedHealthOneSM is the brand name used by the UnitedHealthcare family of companies offering personal health insurance products. UnitedHealthcare Life Insurance Company is the underwriter and administrator of plans featured in this brochure.

Strength & Experience

Nearly 27 million customers entrust UnitedHealthcare with their health insurance needs.* Within the UnitedHealthcare family of companies, we have been serving the special needs of individuals and families buying their own coverage for nearly 70 years.

Highly Rated

UnitedHealthcare Life Insurance Company (UHCLIC) is rated “A” (Excellent) by A.M. Best (12-13-12). 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.

Outstanding Claims Service

Our employees who process claims have a long history of fast service. The results – 94% of all health claims are processed within 12 working days or less.**

Our Goal: Your Satisfaction

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 his or her needs and budget.

*UnitedHealth Group Annual Form 10-K for year ended 12/31/12.

** Actual 2012 results.

Health ProtectorGuardSM

The costs of receiving medical care can add up quickly and every little bit helps. With Health ProtectorGuardSM, we pay you a set amount for qualifying expenses to use however you like.

Qualifying expenses include things like:

Ambulance Services	Doctor Office Visits	Hospital Emergency Room
Inpatient Hospital Confinement	Prescription Drugs	Surgeries

Benefit payments are yours to save, pay medical bills, or help pay expenses if you are away from work. You are not limited by networks. You will be paid the same amount no matter what provider you choose to see. There is no deductible to meet prior to receiving payments. You can receive cash when you need it most.

With Health ProtectorGuardSM you get:

- › **Benefits paid directly to you.**
- › **Benefits paid regardless of other coverage.**
- › **Coverage available for individual or entire family.**
- › **Guaranteed renewable to age 65 (as long as premiums are paid when they are due).**

Simple to Use

Choose from three benefit levels. Any time you receive care for a qualified expense (see page 4 for details), complete a claim form and submit it with copies of your receipts. We will send you a check for the fixed amounts outlined in the policy.

Would your finances be protected if you needed medical treatment or an extended stay in a hospital?

- The average length of stay for hospital inpatient care in 2010 was 4.8 days.¹
- The average cost per day for hospital inpatient care in 2009 was \$1,853 per day.²
- In 2010, 82.6% of adults and 92.6% of children had contact with a health care provider.³



¹ CDC National Hospital Discharge Survey, "Number and rate of hospital discharges," 2010 table.

² U.S. Census Bureau, 2012.

³ CDC Summary of Health Statistics, 2010.

How Health ProtectorGuardSM Works

You select the hospital confinement benefit level to determine your base premium. We'll provide you with claim forms to complete and send in. You attach copies of your receipts for the covered expenses listed below and we issue you a check to use as you see fit.

Lifetime maximum benefit: \$1,000,000 per covered person.
Benefits are paid directly to the insured.



Covered expenses	Calendar-year maximum	Health ProtectorGuard SM pays you:		
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Hospital Confinement/Intensive Care Unit (ICU) Confinement (paid per 24 hours)	Hospital: 180 days ICU: 30 days	\$500 per day (if in ICU, add \$500 per day)	\$1,000 per day (if in ICU, add \$1,000 per day)	\$2,000 per day (if in ICU, add \$2,000 per day)
Hospital Emergency Room	1 day	\$200 per day		

Ambulance

Air Ambulance	2 days combined	\$500 per day
Ground Ambulance		\$100 per day

Doctor Office

Office Visit	4 days	\$50 per day
Urgent Care Center	1 day	\$100 per day

Pharmacy

Brand Name Prescription Drug	\$750 combined brand name and generic (If more than one prescription is filled on the same day, only one prescription benefit will be paid.)	\$25 per day
Generic Prescription Drug		\$10 per day

Outpatient Services

Laboratory	\$500 combined outpatient services	\$25 per day
Other Diagnostic Imaging (includes ultrasound, mammogram, CT, and MRI)		\$75 per day
Physical, Occupational, and Speech Therapy		\$25 per day
X-ray		\$50 per day

Surgery (per day actual surgery occurs)

Anesthesia Services	2 days during which anesthesia is administered	\$200 per day
Doctor Office Surgery	2 surgery days (If more than one surgery takes place on the same day, only one surgery benefit will be paid.)	\$200 per day
Inpatient Surgery		\$2,000 per day
Outpatient Surgery		\$1,000 per day

Health ProtectorGuardSM Benefits

This product provides limited benefits. Health ProtectorGuardSM is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act.

Ambulance

We will pay the Ambulance Benefit amount for each day a licensed professional ground or air ambulance service is used to transport a covered person to a hospital or emergency care facility due to an illness or injury.

The Ambulance Benefit is limited to:

- 2 days per covered person, per calendar year.
- Emergency transportation or transportation between hospitals during a period of hospital confinement.

Hospital Confinement

We will pay the Inpatient Hospital Confinement Benefit amount per covered person, for each day charged for hospital confinement as an inpatient under the orders of a doctor. Limited to 180 days per covered person, per calendar year.

Hospital Emergency Room

We will pay one Hospital Emergency Room Benefit amount, limited to once per covered person, per calendar year, for a charge for hospital emergency room care.

Intensive Care Unit Confinement

We will pay the Intensive Care Unit Benefit for each day a covered person is charged for confinement in an intensive care unit as an inpatient under the orders of a doctor. Limited to 30 days per covered person, per calendar year.

Office Visit

We will pay the Office Visit Benefit amount for each day a covered person is charged for an office visit rendered in a doctor's office while the covered person is not an inpatient. Limited to 4 days per covered person, per calendar year.

No benefits payable for doctor office visits that relate solely to alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.

Outpatient Prescription Drug

We will pay the Outpatient Prescription Drug Benefit amount each day a covered person is charged for an outpatient prescription drug prescribed by a doctor and dispensed at a licensed pharmacy, while the covered person is not an inpatient. Limited to a maximum of \$750 combined for brand name and generic prescriptions per covered person, per calendar year.

If a covered person is charged for one or more prescription drugs on the same day, we will pay only one Outpatient Prescription Drug Benefit amount for that day. The amount payable will be the larger amount for that day.

"Prescription drug" means any medicinal substance whose label is required to bear the legend "Rx only."



Health ProtectorGuardSM Benefits, continued

Outpatient Services

We will pay one Outpatient Services Benefit amount for each day a covered person requires outpatient services, while the covered person is not an inpatient, and when prescribed by a doctor. Limited to a maximum of \$500 combined for all outpatient services per covered person, per calendar year.

Charges may include any of the following:

- **Laboratory Services** – we will pay one Laboratory Services Benefit amount for each day a covered person is charged for one or more laboratory services. If charges for the same laboratory service occur on different days (professional and technical), only one benefit amount will be payable.
- **Other Diagnostic Imaging Services** – we will pay one Other Diagnostic Imaging Services Benefit amount for each day a covered person is charged for one or more Diagnostic Imaging Services. Diagnostic Imaging Services include, but are not limited to, ultrasounds (other than relating to pregnancy), positron emission tomography (PET) scan, magnetic resonance imaging (MRI), computed axial tomography (CT) scan, bone density scans, and barium studies. If charges for the same diagnostic imaging service occur on different days (professional and technical), only one benefit amount will be payable.
- **Physical, Occupational, and Speech Language Therapy Services** – we will pay one Physical, Occupational, and Speech Language Therapy Services Benefit amount for each day a covered person is charged for one or more sessions of physical, occupational, and speech language therapy required.
Physical, Occupational, and Speech Language Therapy benefits are limited only to physical, occupational, and speech language therapy sessions that do not relate solely to alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
- **X-ray Services** – we will pay one X-ray Services Benefit amount for each day a covered person is charged for one or more X-rays. X-ray services include, but are not limited to, testing for fractures. If charges for the same X-ray service occur on different days (professional and technical), only one benefit amount will be payable.

Surgical Services

We will pay one Surgical Services Benefit amount for each day a covered person requires surgery performed by a doctor due to an illness or injury. Limited to two surgery days per covered person, per calendar year. If multiple surgical procedures occur on the same day we will pay the larger Surgical Services Benefit amount for the surgery.

Charges may include any of the following:

- **Anesthesia Services** – we will pay one Anesthesia Services amount for each day a covered person is charged for administration of anesthesia during surgery. Anesthesia does not include topical anesthetic. Limited to two days during which anesthesia is administered.
- **Doctor Office Surgery** – we will pay one Doctor Office Surgery amount for each day a covered person is charged for surgical procedures in a doctor's office.
- **Inpatient Surgery** – we will pay one Inpatient Surgery amount for each day a covered person is charged for inpatient surgical procedures.
- **Outpatient Surgery** – we will pay one Outpatient Surgery amount for each day a covered person is charged for surgical procedures in an outpatient surgical facility or hospital, while not in a period of hospital confinement.

Urgent Care Center

We will pay one Urgent Care Center Benefit amount, limited to once per covered person, per calendar year, for urgent care received in an urgent care center.

Health ProtectorGuardSM Provisions

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Exclusions and Limitations

The policy does not pay benefits for any loss caused by or resulting from:

- A loss occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); or participation in a riot or commission of a felony (whether or not charged).
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- Resulting from intoxication, as defined by state law where the illness or injury occurred, or while under the influence of illegal narcotics or controlled substances unless administered or prescribed by a doctor.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement for the first Friday or Saturday of an inpatient stay that begins on one of those days, unless it is an emergency, or medically necessary inpatient surgery is scheduled for the day after the date of admission.
- Hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the policy).
- 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, instructing, 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).
- Operating a taxi or any other livery services for wage, compensation, or profit.
- For injuries sustained while performing the duties of an aircraft crew member, including giving or receiving training on an aircraft.
- Expenses/surcharges imposed on you or your covered dependent by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
- Services performed by an immediate family member.
- Services or supplies that are not administered or ordered by a doctor, or are not medically necessary to the diagnosis or treatment of an illness or injury.
- Routine well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Any loss related to the treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
- Any loss related to an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Any loss for dental expenses, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 - Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 - The services resulting in the dental expense are received within 6 months of the accident or as part of a treatment plan which was prescribed by a doctor and was begun within 6 months of the accident.
- Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- Any services rendered outside of the U.S., except for emergency treatment for a covered person.

No benefits are payable for:

- Services which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge.

Eligibility and Renewability

At time of application, the primary insured and spouse must be between 18-64 years of age and dependent children 0-25 years of age (drop off on 26th birthday). The policy is renewable until the primary insured's or spouse's 65th birthday.

In Texas, eligible child also means your or your spouse's grandchild that is unmarried, less than 25 years of age, and is your or your spouse's dependent for federal income tax purposes.

Health ProtectorGuardSM Provisions, continued

Misstatement of Gender or Tobacco Use

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

Notice of Claim

We must receive notice of claim within 30 days of the date the loss began or as soon as reasonably possible. We must receive written proof of loss within 90 days of the date of loss or as soon as possible.

Preexisting Conditions

We will not pay benefits under the policy for a loss which manifests due to, results from, is caused or contributed to by a preexisting condition.

The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.

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

- For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under the policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the policy.

This Preexisting Conditions limitation does not affect our rights with respect to:

- Fraudulent misstatements made in an application.
- Material misstatements made in an application about a preexisting illness, injury, or condition if full knowledge of the illness, injury, or condition would have caused us to decline coverage to a person.

These rights are set forth in the policy.

Premium Change

Premiums are subject to change. The age and gender of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. We will notify you in writing at least 31 days (60 days in Wisconsin) in advance of a premium change.

Termination of Policy

Coverage will end for any covered person on the earliest of:

- The primary insured's 65th birthday. If the policy is other than a primary insured only plan, it may be continued after the primary insured's death or after the primary insured's 65th 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 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 the primary insured's death.

Texas Important Notice

You may call UnitedHealthcare Life Insurance Company's tollfree telephone number for information or to make a complaint at (800) 657-8205.

You may also write to us: Attn: Grievances, PO Box 31371, Salt Lake City, UT 84131-0371.

You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights, or complaints at (800) 252-3439 or write them at: Texas Department of Insurance, PO Box 149104, Austin, TX 78714-9104.

FAX: (512) 475-1771, Web: <http://tdi.state.tx.us>

Email: consumerprotection@tdi.state.tx.us

Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance your coverage may be voided or claims denied.

**HEALTH PLAN NOTICE OF INFORMATION PRACTICES
MEDICAL INFORMATION PRIVACY NOTICE
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.** (Effective September 23, 2013)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as www.myuhone.com, www.myallsavers.com, www.myallsaversmember.com, www.goldenrule.com, or www.unitedhealthone.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

How We Use or Disclose Information. We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special restrictions apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.

- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws of job-related injuries.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health

information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact the phone number listed on your ID card.

What Are Your Rights. The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your requests to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites such as www.myuhone.com, www.myallsavers.com, www.myallsaversmember.com, www.goldenrule.com, or www.unitedhealthone.com.
- **You have the right to be considered a protected person.** (New Mexico only) A "protected person" is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll free phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
- Privacy Office, 7440 Woodland Drive, Indianapolis, IN 47278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

Fair Credit Reporting Act Notice. In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act. We may disclose information solely about our transactions or experiences with you to our affiliates.

Medical Information Bureau. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a nonprofit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, www.mib.com or (TTY) (866) 346-3642.

FINANCIAL INFORMATION PRIVACY NOTICE

(Effective September 23, 2013)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from consumer reports.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice. If you have any questions about this notice, please **call the toll-free member phone number on the back of your health plan ID card.**

The Notice of Information Practices, effective September 23, 2013, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company. To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.

Conditional Receipt for: _____

Date of Receipt: _____

Proposed Insured: _____

Signature of Secretary: *Julie A. Van Staden*

Amount Received: _____

Signature of Agent/Broker: _____

THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to 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 UnitedHealthcare Life 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 UnitedHealthcare Life 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.

A copy of your Authorization for Electronic Funds Transfer (EFT)

I (we) hereby authorize UnitedHealthcare Life Insurance Company to initiate debit entries to the account indicated below.

I also authorize the named financial institution to debit the same to such account.

I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

EFT-UL-1013

Notice to applicant regarding replacement of accident and sickness insurance

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you are certain that your coverage has been approved by UnitedHealthcare Life Insurance Company.

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.



IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- Any expenses or services covered by the policy are also covered by Medicare.
- Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- Hospitalization
- Physician services
- Hospice
- Other approved items and services

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Fixed Indemnity Hospital Coverage

Outline of Coverage for Policy Form FIH1-UHL **(Please retain this outline for your records.)**

Read Your Policy Carefully -- This outline sets forth a brief description of the important aspects of your policy. This is not the insurance contract. Only the actual policy will control. The policy sets forth in detail your and our rights and obligations. For this reason, it is important that you **READ YOUR POLICY CAREFULLY!**

Fixed Indemnity Hospital Coverage -- Plans of this type are designed to pay a specific benefit amount for a loss due to an injury for ambulance, hospitalization, office visits, outpatient prescription drugs, outpatient services, surgical services, and urgent care centers. Coverage is subject to the provisions, or other limitations that may be set forth in the policy.

Indemnity Benefits

The applicable benefit amount is payable as set forth in the policy for the following benefits:

- A. For each day a licensed professional ground or air ambulance service is used to transport a covered person to a hospital or emergency care facility due to an illness or injury. The ambulance benefit is limited to emergency transportation or transportation between hospitals during a period of hospital confinement.
- B. For each day a covered person incurs a charge for hospital emergency room care.
- C. For each day a covered person is charged for hospital confinement as an inpatient under the orders of a doctor.
- D. For each day a covered person is charged for confinement in an intensive care unit as an inpatient under the orders of a doctor.
- E. For each day a covered person is charged for an office visit rendered in a doctor's office while the covered person is not an inpatient. Doctor office visits are limited only to those that do not relate solely to alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
- F. For each day a covered person is charged for an outpatient prescription drug prescribed by a doctor and dispensed at a licensed pharmacy, while the covered person is not an inpatient. We will only pay for one outpatient prescription drug benefit amount for that day.
- G. For each day a covered person requires outpatient services, while the covered person is not an inpatient, when prescribed by a doctor and a charge is incurred for any of the following:
 - 1. For each day a covered person is charged for one or more laboratory services. If charges for the same laboratory service occur on different days (professional and technical), only one benefit amount will be payable.
 - 2. For each day a covered person is charged for one or more X-rays. X-ray services include, but are not limited to, testing for fractures. If charges for the same X-ray service occur on different days (professional and technical), only one benefit amount will be payable.
- 3. For each day a covered person is charged for one or more Diagnostic Imaging Services. Diagnostic Imaging Services included, but are not limited to, ultrasounds (other than relating to pregnancy), positron emission tomography (PET) scan, magnetic resonance imaging (MRI), computed axial tomography (CT) scan, bone density scan, and barium studies. If charges for the same diagnostic imaging service occur on different days (professional and technical), only one benefit amount will be payable.

For each day a covered person is charged for one or more sessions of physical, occupational, and speech language therapy required. Physical, occupational, and speech Language therapy benefits are limited only to sessions that do not relate solely to alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
- H. For each day a covered person requires surgery performed by a doctor due to an illness or injury and a charge is incurred for the following:
 - 1. For each day a covered person is charged for inpatient surgical procedures.

2. For each day a covered person is charged for surgical procedures in an outpatient surgical facility or hospital, while not in a period of hospital confinement.
3. For each day a covered person is charged for surgical procedures in a doctor's office.

If multiple surgical procedures occur on the same day we will pay the larger specified surgical services benefit amount shown on the data page for the surgery.

4. Anesthesia Services: We will pay the Anesthesia Services amount as shown on the Data Page for each day a covered person is charged for administration of anesthesia during surgery. Anesthesia does not include topical anesthetic.
- I. For each day a covered person incurs a charge for urgent care received in an urgent care center.

Amount Payable

Amount Payable: The applicable specified benefit amount will be paid to the insured which results from a loss incurred from an injury while a covered person's insurance is in force subject to all terms, conditions, limitations, exclusions, and benefit maximum limits under the policy.

What Is Not Covered

This is not major medical insurance. This policy does not pay any benefits for treatment of any illness.

The policy does not pay benefits for any loss caused by or resulting from:

- A. A loss occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- B. Intentionally self-inflicted bodily harm (whether the covered person is sane or insane).
- C. Any act of declared or undeclared war.
- D. Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- E. The covered person taking part in a riot.

- F. The covered person's commission or attempt to commit a felony, whether or not charged.
- G. A loss incurred as a result of the covered person being intoxicated or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
- H. Cosmetic treatment, including hospital confinement for such services.
- I. Pregnancy or childbirth (except for complications of pregnancy).
- J. Hospital confinement for the first Friday or Saturday of an inpatient stay that begins on one of those days, unless it is an emergency or medically necessary inpatient surgery is scheduled for the day after the date of admission.
- K. Hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by this policy).
- L. Operating a taxi or any other livery services for wage, compensation, or profit.
- M. As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
 1. Professional or semi-professional sports; intercollegiate sports (not including intramural sports);
 2. Parachute jumping; hang-gliding; skydiving; bungee jumping; parakiting;
 3. Racing or speed testing any motorized vehicle or conveyance;
 4. Racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct);
 5. Scuba/skin diving (when diving 60 or more feet in depth);
 6. Rodeo sports; horseback riding (if the covered person is paid to participate or to instruct);

7. Rock or mountain climbing (if the covered person is paid to participate or to instruct); or
8. Skiing (if the covered person is paid to participate or to instruct).
- N. As a result of any injury sustained while operating, riding in, or descending from any type of non-commercial aircraft if the covered person is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.

No benefits are payable under this policy for or relating to any of the following:

 - A. Services which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge.
 - B. Expenses/surcharges imposed on you or your covered dependent by a provider (including a hospital), but which are actually the responsibility of the provider to pay.
 - C. Services performed by a member of the covered person's immediate family.
 - D. Services or supplies that are not administered or ordered by a doctor, or are not medically necessary to the diagnosis or treatment of an illness or injury.
 - E. Routine well-baby care of a newborn infant while inpatient, except as expressly provided for by the policy.
 - F. Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
 - G. Any loss related to the treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
 - H. Any loss related to performance of an abortion (unless the life of the mother would be endangered if the fetus were carried to term).

- I. Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- J. Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
- K. Any loss for dental expenses, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 - 1. Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 - 2. The services resulting in the dental expense are received within six months of the accident or as part of a treatment plan which was prescribed by a doctor and was begun within six months of the accident.

PREEXISTING CONDITIONS: We will not pay benefits under the policy for a loss which manifests due to, results from, is caused or contributed to by a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under this policy.

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

- A. For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under this policy; or
- B. That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under this policy.

Premium

From time to time, we may change the rate table used for this policy form. On each premium's due date, the premium will be based on the rate table in effect in the state where the policy was issued. The age, sex, and tobacco class of covered persons and type and level of benefits on the premium due date are some of the factors that could be used in determining your premium rates. At least 31 days written notice of any plan to take an action or make a change permitted by this clause will be mailed to you at your last address as shown in our records. We will make no change in your premium solely because of claims made under this policy or a change in a covered person's health.

Term of Coverage and Renewability

The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium as it comes due. However, we may cancel the policy if there is a fraud or misrepresentation made by or with the knowledge of a covered person in filing a claim.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

UNITEDHEALTHCARE LIFE INSURANCE COMPANY: 7440 WOODLAND DRIVE • INDIANAPOLIS, INDIANA 46278-1719

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by UnitedHealthcare Life Insurance Company. For your own information and protection, you should be aware of and seriously consider certain facts which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.

3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

Date

Applicant's Signature

Applicant's Copy