



UnitedHealthcare®

Golden Rule Insurance Company

TriTerm Medical

**Short Term Plan with
Coverage Terms totaling
1 day less than 3 years¹.**



Golden Rule Insurance Company makes every reasonable effort to keep the information presented current, and to ensure that it accurately reflects the nature of our business. However, the availability of products, the products themselves, and the nature of our services, may change from time to time. This presentation contains general information. Be sure to review our current Broker Guide and Product Brochures for state variations and other specific information.

Golden Rule Insurance Company is the underwriter and administrator of these plans.

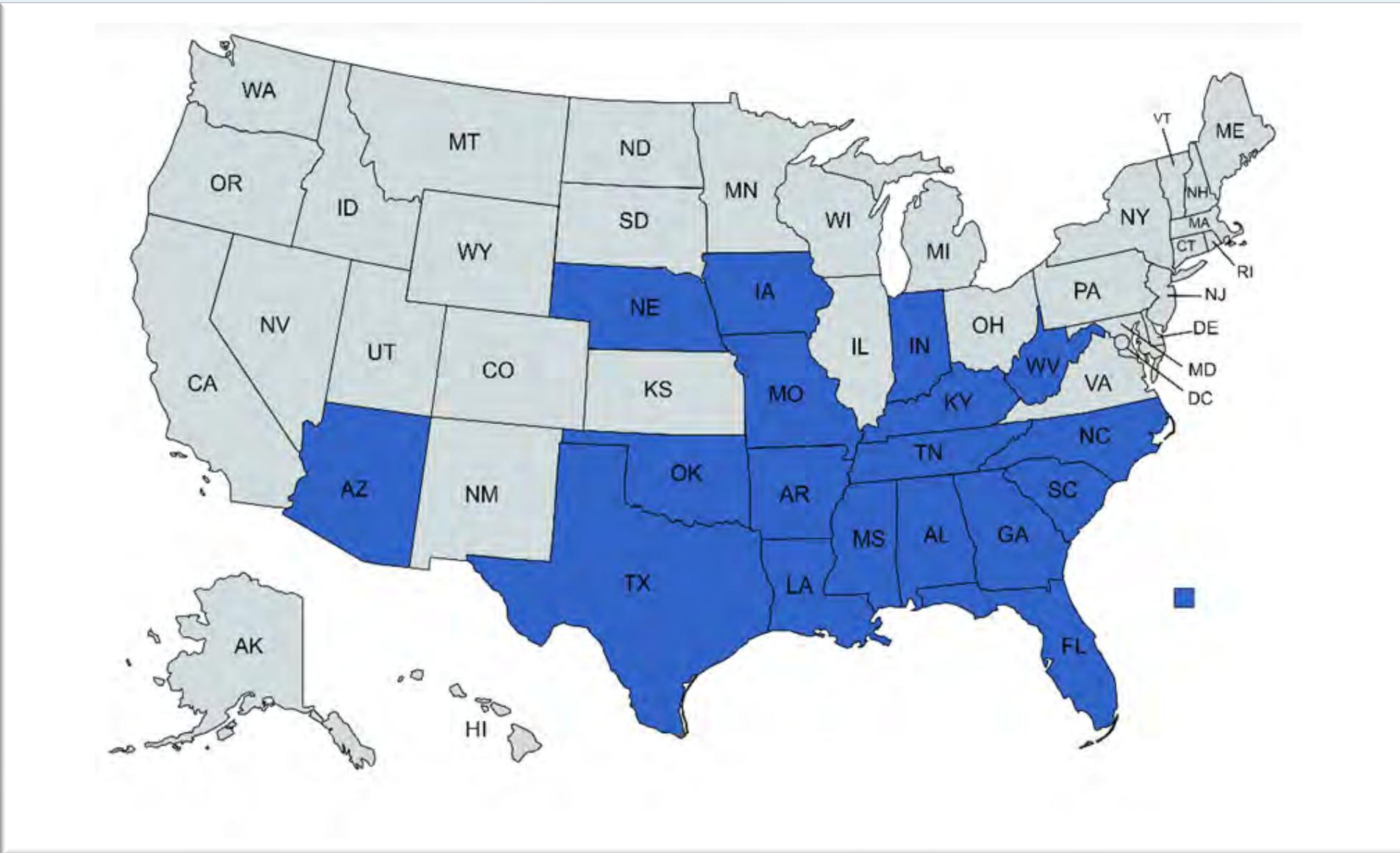
¹in SC, the coverage terms total 33 months

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45736-G-0919

TriTerm State Availability





Not ACA



**Not Minimum Essential Coverage
as Defined by the ACA**



**Designed with “pre-ACA”
Major Medical Plans in Mind**







Copay Select Max

Plan 80 Max

Plan 100 Max

¹ Subsequent visits are subject to deductible then coinsurance. Doctor office visit copays are for injury and illness and cannot be used for preventive services, other than those required due to state mandates.



Short Term Medical

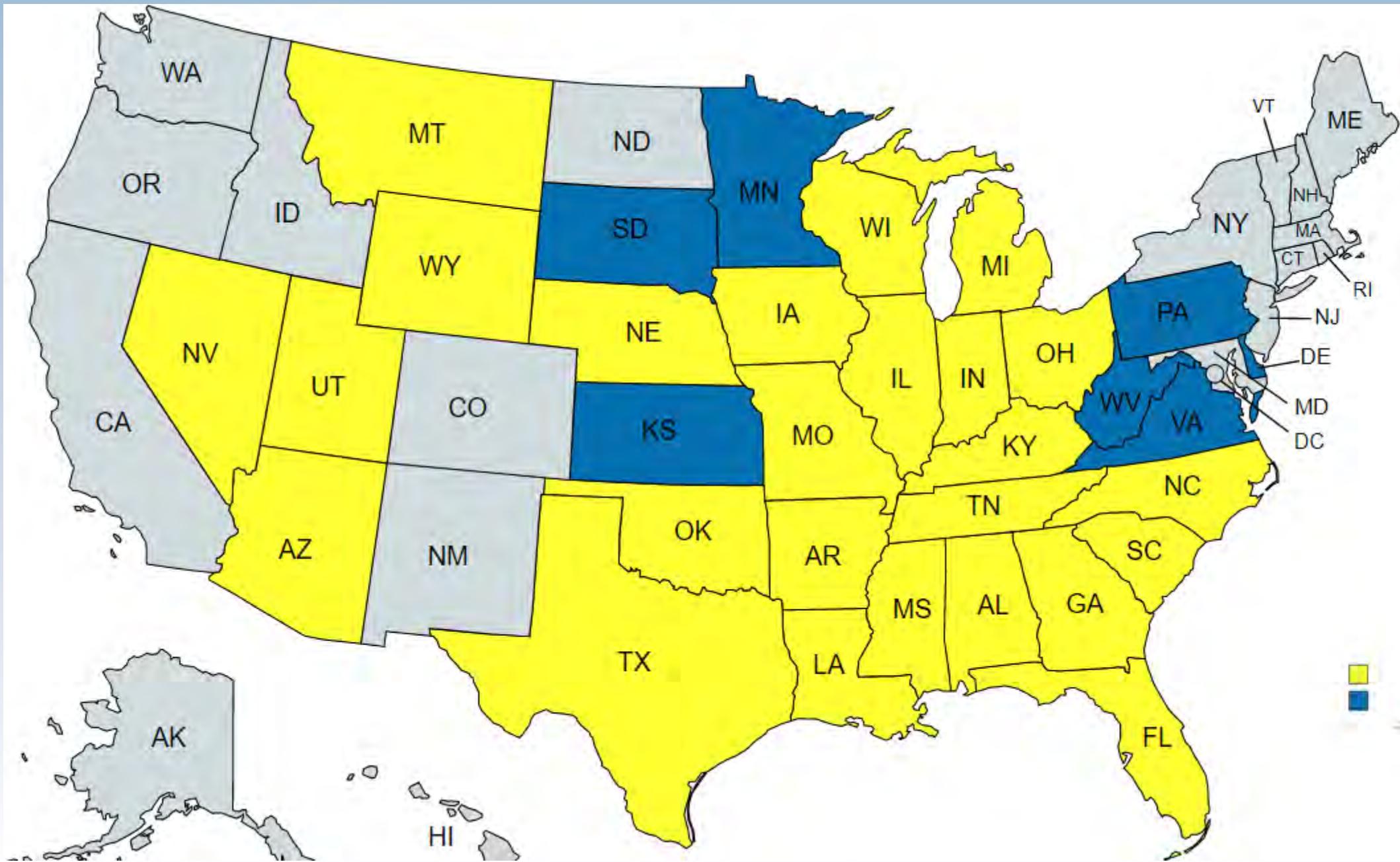


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Product availability and specific product features vary by state. Consult your Product Brochure.

UnitedHealthOne is a brand representing the portfolio of insurance products offered to individuals and families through the UnitedHealthcare family of companies. Golden Rule Insurance Company is the underwriter and administrator of these plans.

Not For Consumer Use





Per Person

Per Term Deductible

Maximum – 2 per family

\$2,500

\$5,000

\$7,500

\$15,000

70/30

Coinsurance

\$10,000

Value

**\$1 Million Lifetime Max
(per covered person)**



Value

**Office
Visit**

**Deductible and
Coinsurance**



Value

Urgent
Care
Visit

\$50
Copay



Value

Outpatient Rx Drugs

Tier 1
\$25 Copay

Tier 2 – 4
30% Coinsurance
after Deductible

\$2,500 Maximum
Covered Expenses Per Person
Per Term

Plus Elite

\$2 Million Lifetime Max
(per covered person)

Per Person

Per Term Deductible

Maximum – 2 per family

\$2,500

\$5,000

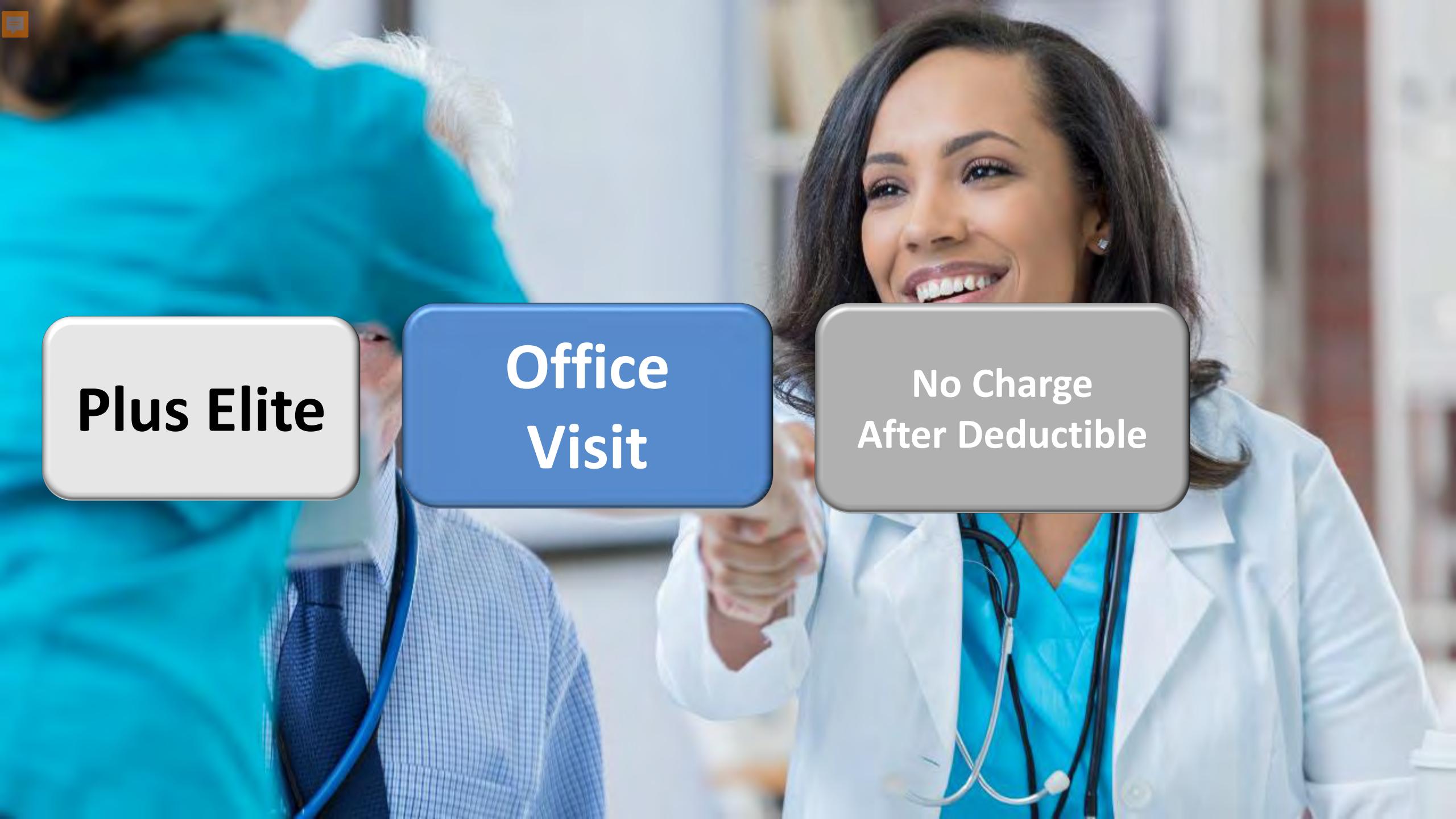
\$7,500

\$10,000

\$15,000

**100%
Coinsurance**

**0%
Member Responsibility**



Plus Elite

Office
Visit

No Charge
After Deductible



Plus Elite

Urgent
Care
Visit

\$50
Copay

Plus Elite

**Outpatient
Rx
Drugs**

**Tier 1
\$25 Copay**

**Tier 2 – 4
No Coinsurance
after Deductible**

**\$5,000 Maximum
Covered Expenses Per Person
Per Term**



UnitedHealthcare Choice Plus Network



**Network Discount...
...over 56% in 2020¹**

6,500 Hospitals²

1.4 million providers²

Nationwide

¹ Actual discounts may vary based on location, provider mix, and service mix.

² UnitedHealth Group Annual Form 10-K for year ended 12/31/19.



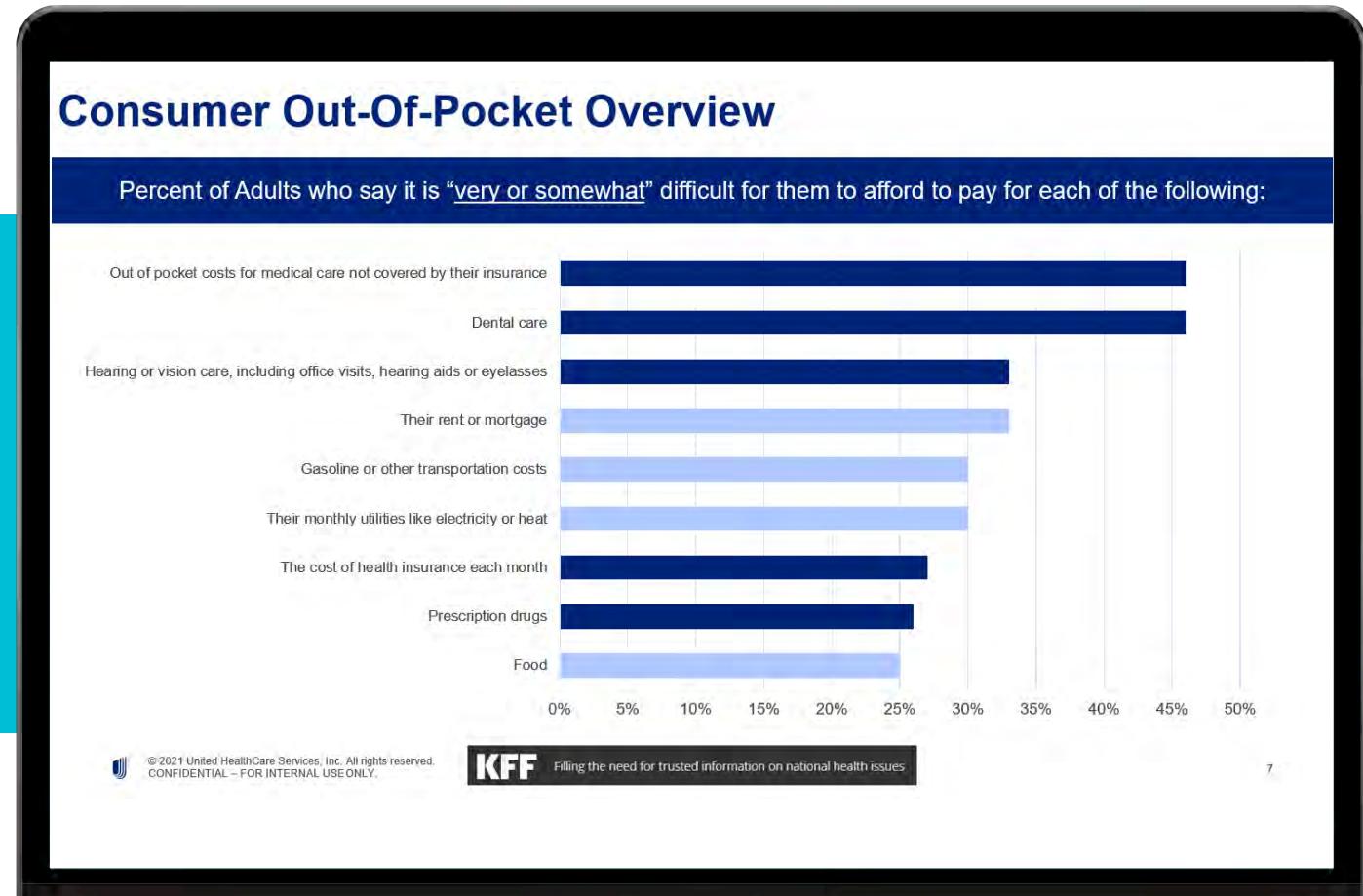
Ancillary Products

United
Healthcare

Why Sell Ancillary?



**Out-of-Pocket
exposure has
increased by 43% in
the last 10 years**



**The average lead
CPA has increased
by about 200% over
the last 3-5 years**



Available Ancillary Products



Dental

Pre-65 and Post-65 product options
12 different plan choices – 3 categories
Ortho coverage available on select plans



Vision

Two plan choices
A) Glasses or Contacts
B) Glasses & Contacts



Accident

Indemnity & expense style plan options
CI & AD&D benefits included on expense plan
Guarantee issue plan options available



Critical Illness

Coverage levels up to \$50K
Term Life with CI option also available



Fixed Indemnity

Designed to supplement STM or ACA
Fixed Benefit \$ paid directly to client
Guarantee issue plan options available



Non-Insurance

HealthiestYou telemedicine
New Benefits discount program
3 coverage levels with New Benefits





AdvantageGuard™

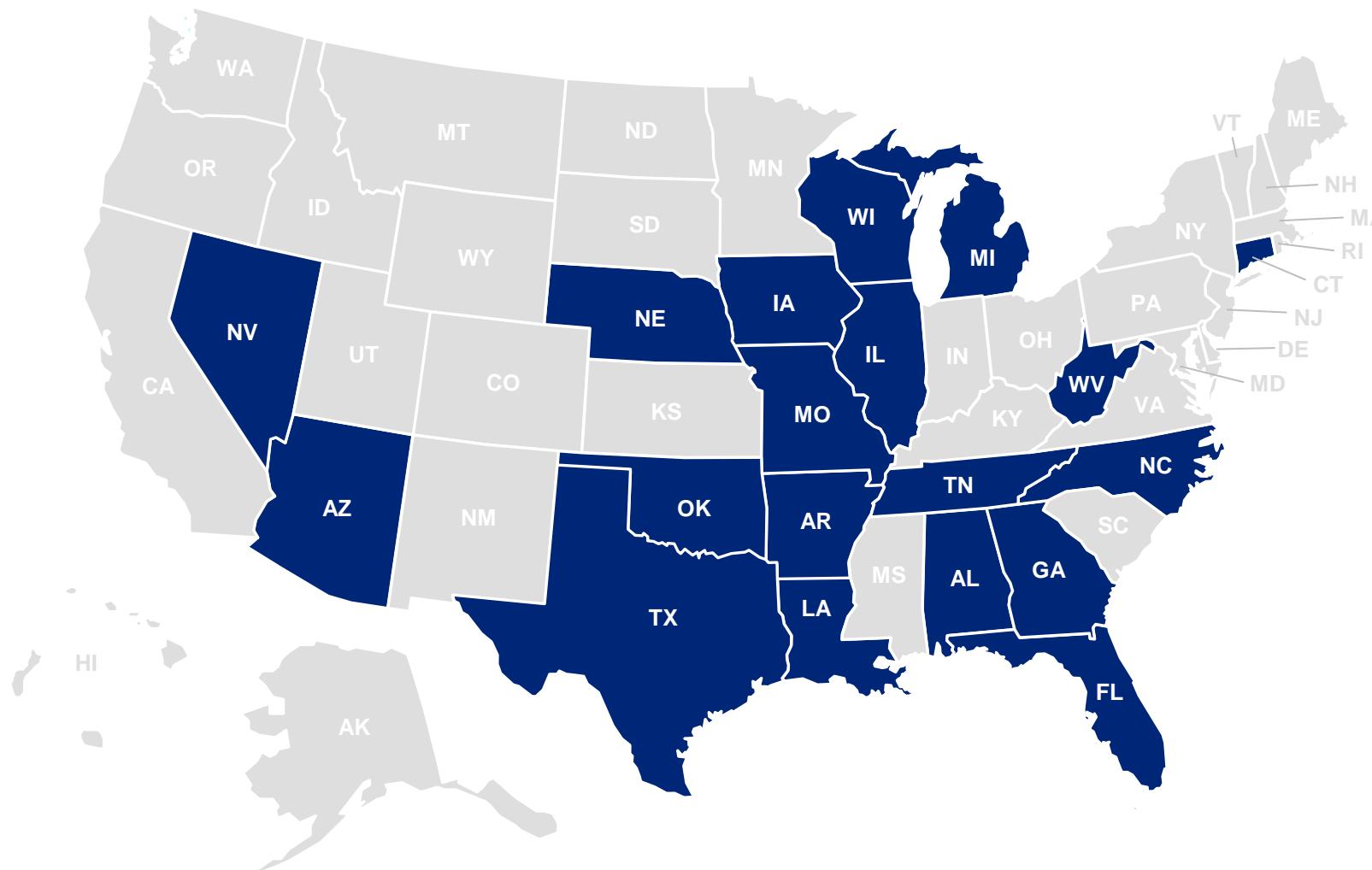
This is a Hospital Indemnity Policy. THIS POLICY PROVIDES LIMITED BENEFITS. This is NOT a Medicare Supplement policy nor does it fully supplement any federal Medicare health insurance or private Medicare Advantage plan. This policy should not be considered a substitute for comprehensive health insurance coverage.

This Hospital Indemnity Insurance product provides limited benefits in a stated amount regardless of the actual expenses incurred

Golden Rule Insurance Company is the underwriter and administrator of these plans.

UnitedHealthcare®
Golden Rule Insurance Co.

AdvantageGuard™ | State Availability (Sept '23)



Hospital Indemnity | By The Numbers

State	MA Enrollees	State	MA Enrollees
FL	2,556,085	LA	443,783
TX	2,112,617	CT	360,864
MI	1,135,056	OK	258,989
GA	898,784	NV	261,298
IL	761,971	AR	234,696
AZ	665,641	IA	221,000
MO	591,100	WV	185,505
WI	591,298	NE	90,079
AL	572,365		

11.9M¹

Medicare Advantage enrollees present in our September AdvantageGuard™ launch states

<1%

Less than 1% of MA enrollees (28.4M)¹ that currently have an indemnity plan

+1% → +132K new enrollees

+5% → +660K new enrollees

+10% → +1.3M new enrollees

+20% → +2.6M new enrollees

¹ Medicare Advantage: Total Enrollment, by Plan Type – 2022: KFF kff.org/medicare/state-indicator/total-enrollment-by-plan-type/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D



AdvantageGuard™ | Base Benefits

Benefits Per Person (included in policy)	Benefit Options
Inpatient Hospital Confinement for Sickness or Injury (includes observation period over 24 hours)	Benefit maximum and benefit amount must be chosen when member is applying: <ul style="list-style-type: none">• 1 day benefit period: \$50 - \$3,000 per day (in increments of \$50)• 3, 4, 5, 6, 7, or 10 day benefit periods: \$50 - \$1,000 per day (in increments of \$50)
Hospital Observation (in lieu of Inpatient Hospital Confinement; for 12 to 24-hour periods)	100% of the Inpatient Hospital Confinement benefit chosen; Max of 4 days per person, per Calendar Year
Inpatient Hospital Confinement for Mental/Nervous Disorder (in lieu of Hospital Confinement for Sickness or Injury)	\$250 per day; Max 7 days per person, per Calendar Year

Plans are GI (no underwriting) or SI (limited medical questions), depending on the benefits chosen. Benefit availability, amounts, periods, and limitations may vary by state. Calendar Year means a 12-month period beginning January 1 and ending on December 31st. The sum of benefits provided depends upon the plan selected, and the premium will vary with the amount of the benefits selected.



AdvantageGuard™ | GI Max Allowable Benefits



GI benefit amounts were developed to cover co-payments associated with a typical Medicare Advantage plan

All benefit choice must be at or below GI Max to qualify

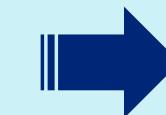
Coverage	Guaranteed Issue Max (ages 60-74)	
Base Benefit		
Inpatient Hospital Confinement	1-day	\$1,500 / day
	3, 4, 5, 6, 7, or 10-day	\$400 / day
Optional Benefits		
Cancer Benefit	\$5,000 / lifetime	
Outpatient Provider Administered Prescription Drug Benefit	\$300 / day	
Emergency Room / Urgent Care Benefit	\$200 / day (ER)	
Skilled Nursing Facility Benefit	\$200 / day	
Outpatient Surgical Benefit	\$500 / day	
Outpatient Major Diagnostic Benefit	\$200 / day	
Ambulance Benefit	\$300 / day (ground)	
Wellness Benefit	\$75 / day	



AdvantageGuard™ | Sample Plan & Rate Comparisons

Sample Coverage Package	Benefit Amount
6-Day Base Benefit	\$400/day
Cancer Benefit	\$5,000/one time
Emergency Room/Urgent Care Benefit	\$200/day
Skilled Nursing Facility Benefit	\$200/day
Outpatient Surgical Benefit	\$250/day
Ambulance Benefit	\$300/day (Ground)

Add the New Outpatient Provider Administered Prescription Drug Rider:
\$200/day -> \$8 monthly rate



Issue Age	Monthly Rate (TX)	Competitor Rates	
		Competitor G	Competitor M
60	\$54	+ \$7	+ \$8
61	\$56	+ \$7	+ \$8
62	\$58	+ \$7	+ \$8
63	\$60	+ \$7	+ \$8
64	\$61	+ \$7	+ \$10
65	\$66	+ \$3	+ \$7
66	\$69	+ \$3	+ \$6
67	\$72	+ \$2	+ \$6
68	\$75	+ \$2	+ \$6
69	\$78	+ \$2	+ \$6
70	\$83	+ \$2	+ \$5
71	\$87	+ \$3	+ \$4
72	\$91	+ \$4	+ \$3
73	\$96	+ \$5	+ \$2
74	\$101	+ \$6	+ \$2





E-Store: Security Question



United
Healthcare®



Prospect Information

Assisted Application Email/Text E-Sign

Assisted Application Security Question Signature

Original Broker Assisted Path

You submit with consent

Broker Assisted Application E-Sign

Allows you to enter client's info into the application with the client, and then send the client the product brochure(s) and application(s) to e-sign via a link that you send them by email or text.

Important Notes About Texting:

- If your client would like to receive their application verification via text, please instruct your client to **text APPLY to 40769** to opt-in and inform your customer that standard text message rates apply. Your client will then receive a confirmation text.
- Confirm the phone number you are entering below is the phone number that your client used to opt-in.
- Assist your customer by filling in part of the electronic application.
- Select **Send via Text** on the Broker Assisted Application Finish page. The opt-in process must be complete for the text message to send correctly.

Confirm the customer's information below to populate the quote.

First Name*

Last Name*

Phone*

Email*

Optional Information

Start Broker Assisted E-Sign

Prospect Information

Assisted Application Email/Text E-Sign

Assisted Application Security Question Signature

Original Broker Assisted Path

You submit with consent

Broker Assisted Application

Allows you to enter client's info into the application, and once complete and with their consent, send the product brochure(s) and application(s) to the client for review by email.

- Then, the application can be submitted with you entering answers to unique security questions that the client provides to you.
- You must read aloud all application questions, disclosures, and disclaimers word for word as they appear on screen.
- Applicant must be able to receive email.
- Applicant must agree to using Security Question Signature after you read the Applicant Consent to Process on the following screen.
- Applicant must consent to the Applicant Signature Terms and Conditions.
- You must complete the Insurance Producer Signature Terms and Conditions.

Confirm the customer's information below to populate the application.

First Name*

Last Name*

Phone*

Email*

Continue

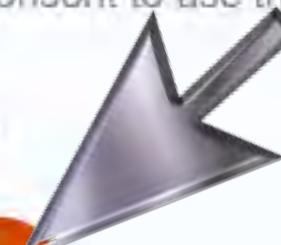
Security Question Submission Requirements:

Applicant Consent to Security Question Signature Process

You must read and Applicant must respond "yes" to the following to proceed:

- To submit your application(s) using the Security Question Signature Process, I will complete the applications and associated forms with the information that you provide and then enter responses to security questions provided by you.
- Those responses will serve as your electronic signature on the application(s) and forms for the products that you select.
- You will need to confirm that you received and were able to view the applications and forms that I will send to you electronically.
- You may withdraw your consent to use this process at any time prior to submission.

Do you agree to proceed?

No / Back

Yes / Continue

APPLICANT INFO QUESTIONS SUMMARY & PAYMENT REVIEW & SUBMIT

Payment

Payor Information [Edit](#)

Plans
Short Term Medical Copay

Payment Method

Select and complete the payment option you (the applicant) want to use for initial and ongoing payments for the product type(s) listed above.

Electronic Funds Transfer (EFT) and Credit Card payments will be collected on the date we issue coverage or the effective date, whichever is later. Payment will be verified and may be adjusted up or down during application processing.

Choose a method of payment. Your chosen payment method will be used for your initial and future ongoing payments for the product types indicated above.

Electronic Funds Transfer **Credit Card**

Payment applies to Short Term Medical Copay

Type of Account **(Required)**
 Checking
 Savings

Routing Number **(Required)**

Account Number **(Required)**

Financial Institution Name **(Required)**

Secure Payment
 Your personal information including your financial institution information is protected using industry standard (SSL) encryption technology.

Application Summary

Short Term Medical Copay Applicants [1](#)

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

Short Term Medical Copay Estimated Initial and Ongoing Payment \$220.29

REVIEW & SUBMIT



Exit **< Back** **Continue >**

APPLICANT INFO QUESTIONS SUMMARY & PAYMENT REVIEW & SUBMIT

Payment

Payor Information [Edit](#)

Plans
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Choose a method of payment. Your chosen payment method will be used for payments for the product types indicated above.

Electronic Funds Transfer **Credit Card**

Payment applies to Short Term Medical Copay

Accepted Credit Cards
   

Name On Card **(Required)**

Card Number **(Required)**

Exp Date (MM/YY) **(Required)**

Billing Zip/Postal Code

Save

Powered by **TrustCommerce**

Broker Assisted Application with Security Question

When you select "send" at the bottom of the page, plan documents will be sent for your client to review.

Insurance applications must have all information provided by the applicant. Signatures or information provided by anyone else constitutes **fraud** against the company, for which we **hold you responsible**. Should this occur:

1. Your Independent Broker's Contract will be immediately terminated "for cause".
2. You will forfeit compensation, and,
3. You may be subject to criminal or civil prosecution.

By clicking below you certify that:

1. Your client agreed you assist them by filling out the application.
2. You accurately and completely recorded their answers to each of the questions on the application

Confirm the customer's information below.

First Name *

MI

Last Name *

Primary Email *

Phone Number *

[Exit](#)

[< Back](#)

[Send via Email](#)



Business Builder Incentive

August 1, 2023 – October 31, 2023

Eligible Products Underwritten by Golden Rule Insurance Co.	Bonus (with EFT payment)	Bonus (non-EFT payment)
"Core" / Medical		
TriTerm Medical Plans (TTM): Copay, Plan 80, Plan 100	\$500	\$250
TriTerm Medical Plans (TTM): Value, Hospital & Surgical	\$300	\$150
Health ProtectorGuard (HPG) ("non-Guard" plans)	\$75	-
Hospital SafeGuard G.I. (HSGGI)	\$75	-
Supplemental Ancillary		
Accident ExpenseGuard, ProGuard & ProGap	\$50	-
HPG Guard	\$50	-
Hospital Guard G.I. (HGGI)	\$50	-



Thank You

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