

Broker Guide

Updated December 2012



UnitedHealthOneSM 

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans.

Not For Consumer Use — All the information in this guide is confidential.

Important Contact Information

By Golden Rule Insurance Company, a UnitedHealthcare Company

UnitedHealthOneSM is the brand name of the UnitedHealthcare family of companies that offer individual and family health insurance products. Golden Rule Insurance Company is the underwriter and administrator of these plans.

UnitedHealthcare is an operating division within UnitedHealth Group, the largest single health carrier in the United States. UnitedHealthcare provides a full spectrum of consumer-oriented health benefits plans and services to individuals, public sector employers, and businesses of all sizes, including more than half of the Fortune 100 companies.

UnitedHealthcare Choice Plus network — Big Network & Big Savings

- Available across the country.
- Nearly 5,400 hospitals.¹
- Nearly 754,000 physicians.¹
- Network discounts of up to 50%!²

Broker Contact Information

BROKER SERVICE CENTER:
(800) 474-4467

HOURS OF OPERATION:
8:00 a.m. to 6:00 p.m. Eastern time (M-TH)
8:00 a.m. to 5:00 p.m. Eastern time (F)

NEW BUSINESS FAX:
(801) 478-5460
For submission of:
Applications & Applicant Medical Documentation

LICENSING FAX:
(618) 943-5239
For submission of:
Licenses & Appointment Renewal Fees

E-STORE:
www.UHOne.com/Broker

- Quote and submit applications
- Preliminary Evaluation
- Broker Education events
- Business reports including pending and existing business

EMAIL:
In E-Store click on "Contact Us"

Client Contact Information

CUSTOMER SERVICE:³
(800) 657-8205

HOURS OF OPERATION:
8:00 a.m. to 6:00 p.m. Eastern time (M-F)

NEW BUSINESS APPLICATIONS:
Mail To: Golden Rule Insurance Company
HEALTH APPLICATION
PO Box 31370
Salt Lake City, UT 84131-0370

UNDERWRITING MAILING ADDRESS:
7440 Woodland Drive
Indianapolis, Indiana 46278-1719

**CLIENT UNDERWRITING INTERVIEWS
FOR VERIFICATION:**
(800) 307-4217

PREMIUM PAYMENT MAILING ADDRESS:
PO Box 740209
Cincinnati, OH 45274-0209

¹ UnitedHealth Group Annual Form 10-K for year ended 12/31/11.

² Discounts vary by provider, geographic area, and type of service.

³ For automated convenience, the IVR System of the above Customer Service Center number is available: 5:00 a.m. to 9:00 p.m. Eastern time (M-F); Saturday 5:00 a.m. – 4:55 p.m. Eastern time.



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Product Offerings¹

Plan Type	May Be Ideal For	Plan Name	Out-of-Pocket ³	Premium Cost
COPAY PLANS More Traditional Plans — Higher Premiums, Lower Deductibles	<ul style="list-style-type: none"> Anyone who prefers the convenience of copay benefits for routine health care expenses. Families with children who have regularly scheduled doctor office visits. Anyone who prefers copay benefits for prescriptions drugs.² 	Copay SelectSM Copay 100SM Copay 80SM <i>More comprehensive</i>	Lower	Higher
HEALTH SAVINGS ACCOUNT PLANS Market-Leading Plans — High Deductible Plan plus Health Savings Account	<ul style="list-style-type: none"> Those interested in trading low deductible health insurance for a higher deductible plan to save money on monthly premiums. Persons interested in more control over how their health care dollars are spent. Families interested in one calendar-year deductible per family. 	HSA 100[®] <i>More comprehensive</i> HSA 70SM/HSA 75SM <i>More affordable</i>	Lower Higher	Higher Lower
TRADITIONAL PLANS Simple-to-Understand Plans — Lower Premiums, Higher Deductible	<ul style="list-style-type: none"> Anyone willing to take responsibility for routine health care expenses in exchange for lower premiums. Anyone seeking lower-cost protection from unexpected accidents and illnesses. Early retirees needing a bridge to Medicare. 	Plan 100[®] <i>More comprehensive</i> Plan 80SM <i>More affordable</i>	Lower Higher	Higher Lower
SAVER PLANS Lowest premiums available of our health plans	<ul style="list-style-type: none"> Anyone looking for help if “the worst happens.” Early retirees looking for a cost effective solution until Medicare starts. Anyone who is looking for the lowest premium and is willing to take charge of routine care, and share in the bigger bills. 	Saver 80SM <i>Even more affordable</i> Saver 70SM <i>Most affordable</i>	Higher Highest	Lower Lowest
SHORT TERM HEALTH PLANS 1-11 Month Plans ¹	<ul style="list-style-type: none"> College students. Benefit waiting period. Medicare gap. 	Short Term MedicalSM Plus Elite Short Term MedicalSM Plus Short Term MedicalSM Copay Short Term MedicalSM Value	Lowest Low High Highest	High Low Highest Lowest
DENTAL PLANS	<ul style="list-style-type: none"> Best for non-network dentists. 	UnitedHealthcare Dental PremierSM		Higher
	<ul style="list-style-type: none"> Best for network dentists. 	UnitedHealthcare Dental ValueSM		Lower
CRITICAL ILLNESS Cash for qualifying serious illness	Anyone seeking to protect their way of life and family.	Critical Illness Insurance	Gives the client cash to pay for bills, living expenses or out-of-pocket medical costs	Not comparable to health plans above
DISABILITY INCOME INSURANCE⁴ Tax-free benefit during a period of disability ⁵	Paycheck protection for a disabling accident.	Disability Income ProtectorSM	30 day elimination period	Not comparable to health plans above
	Paycheck protection for a disabling accident or sickness.	Disability Income Protector PlusSM	30, 60, or 90 day elimination period	

¹Varies by state. ²The preferred drug list changes periodically. Tier status for a prescription drug may be determined by accessing our website. The tier to which a prescription drug is assigned may change. ³Out-of-pocket exposure is deductible, coinsurance, and copays. Under all plans, additional expenses may be incurred that are not eligible for reimbursement by the insurance. ⁴Separate Broker Guide available. ⁵Tax status can vary. We suggest the client seek expert advice.

Rules for Eligibility

Foreign Residence and Travel

- U.S. citizens that have been overseas for less than 12 months are eligible for coverage.
- Within the first six months of coverage if an applicant or policyholder intends to travel to a destination where war exists or war is imminent we will not issue coverage. Coverage will not be issued to foreign-born applicants that intend to return to their native country.
- Individuals that have not been in the United States for 12 consecutive months will not be considered for coverage. (This does not include adopted children.)
- If your clients travel internationally, International Medical Group (IMG) provides specific coverage and may be reached at (800) 628-4664 for questions and contracting.

Age

- Eligible from birth up to age 64 and 364 days* for individual health. Please note: There are no preexisting condition exclusions for children under the age of 19. However, all other policy terms and conditions apply.
- No age restrictions on dental.
- Short term eligibility up to 64 and 364 days.



Other Coverage

Golden Rule maintains specific guidelines regarding other medical coverage. Generally, we'll issue our plans in addition to only the following types of coverage:

- Student accident insurance.
- Coverage through Medicaid.

FACT

In most states, FACT membership is required. (See page 24.)

Dependents

Eligible dependents are a lawful spouse and eligible children (as defined in the policy).

* Subject to state regulation.

How to Prepare for Accurate Quoting and Application Submission

1. Determine clients eligibility by reviewing **Rules for Eligibility (page 5)**.
2. Review the listing of **Unacceptable Conditions (pages 7-10)**.
Some conditions present an increased risk we are unwilling to accept. An automatic decline will likely result for any individual with one or more of these conditions. If surgery is pending or serious ailments exist without a diagnosis, a decline will also likely occur. Everyone has the right to apply for coverage, and clients who appear unacceptable may apply if they choose.
3. **Determine accurate height and weight** of each applicant.
4. Establish the proper rating class for your client by reviewing our Height and Weight Build Charts and **Rating Class Definitions (page 11)**.
Accurate height and weight for each applicant is important and will drive the rating class of the applicant. Medical conditions, previous insurance, and tobacco use may also be factors in determining your client's rating class and will vary by state. Please utilize the proper state chart.
5. **Complete a Preliminary Evaluation** if there are conditions present that could affect underwriting (**page 18**).
6. **Create and Review Quotes.** When quoting through E-Store, several options are available for you. Quoting is easy and fast; simply click on Quoting and Applications. Generate a quote and email it to your client, or you may create and add your client as a new prospect, and then create a quote. You may also email the quote, brochure, and application.

Quotes can be obtained by utilizing E-Store, our software, calling our Broker Service Center, or your Broker Account Executive.
7. **Submitting application.** Your client may submit their application online. The most efficient application submission is the utilization of our online process. The application must be signed by the applicant. You may submit your client's application by mailing a paper application to us, or faxing a paper application to our New Business department (**contact info listed on page 2**).
8. **Tracking applications.** After submission of an application and for 30 days following the final outcome, you may check under "New Business" within E-Store. Thirty-one (31) days after issue you may track your business under "My Business".

Quoting and
Application Submission
Flow Chart

Determine Eligibility

**Review Unacceptable
Conditions**

**Determine Height
and Weight**

Establish Rating Class

**Submit Preliminary
Evaluation
(if necessary)**

Create Quote

**Complete and
Submit Application**

Track Application

Unacceptable Conditions

Acquired Immunodeficiency Syndrome (AIDS)	Bruit
Acromegaly	Buerger's Disease
Addison's Disease	Build outside of range, as listed on pages 12-14
Adrenal Fatigue (Hypoadrenia)	Cancer — Stage III or Stage IV
Adrenal Hyperplasia	Cardiac Hypertrophy
Adrenal Virilism	Cardiomegaly
AIDS — Associated Retrovirus (ARV)	Cardiomyopathy
AIDS — Related Complex (ARC)	Cardioverter-Defibrillator Implant
Alcohol/Substance Abuse Treatment — Within 5 years	Carotid Artery Disease
Alzheimer's Disease	Cerebral Embolism
Aneurysms — Anywhere in the body	Cerebral Hemorrhage
Angina Pectoris	Cerebral Thrombosis
Angioplasty	Cervical Cancer — Present
Ankylosing Spondylitis (Rheumatoid Spondylitis, Marie-Strumpell Disease)	Chronic Fatigue Syndrome — Within 1 year of recovery
Anorexia/Bulimia — Within 2 years of recovery	Chronic Obstructive Lung Disease (COLD)
Aortic Insufficiency	Chronic Obstructive Pulmonary Disease (COPD)
Aortic Stenosis	Cirrhosis of the Liver
Aortitis	Coarctation of Aorta
Aplastic Anemia	Colon Cancer — Within 5 years of recovery
Arterial Blockage	Congestive Heart Failure (CHF)
Arteriosclerosis / Arteriosclerosis Obliterans	Cooley's Anemia
Arteriovenous Malformation (AVM) Fistula — Within 2 years of recovery	Coronary Artery Disease (CAD)
Atherosclerosis	Coronary Failure
Atrial Fibrillation/Flutter — Within 6 months	Coronary Insufficiency
Atrial Septal Defect (Ostium Primum)	Coronary Occlusion
Autism	Coronary Spasms
Berger's Disease (IgA Nephropathy)	Coronary Thrombosis
Bicuspid Aortic Valve	Crohn's Disease — Within 2 years of recovery
Bipolar	Cushing's Syndrome
Bladder Cancer — Within 5 years of recovery	Cystic Fibrosis
Bradycardia — Heart rate under 45	Deep Vein Thrombosis — Present, or still on blood thinners
Brain Cyst or Tumor — Benign-within 2 years; Malignant-within 10 years	Delirium
Breast Cancer — Within 2 years of recovery. (If local/regional metastasis, decline within 5 years of recovery. If distant metastasis, decline.)	Dementia
Bronchitis — Chronic	Dermatomyositis
	Diabetes Mellitus — Type I or Type II
	Diastolic Murmurs or Systolic Murmurs — Grade 3-6
	Discoïd Lupus — Chronic or within 2 years of onset
	Diverticulitis — Present

Unacceptable Conditions Continued

Down's Syndrome

DWI/DUI — Within 2 years of first offense,
or 2 or more offenses

Ebstein's Anomaly

Eisenmenger's Complex

Ejection Fraction — Less than 50%

Emphysema

Encephalitis — Present or within 6 months of recovery

Endocarditis — Chronic or within 5 years of recovery

Enlarged Liver (Hepatomegaly) — Present or within
2 years of recovery

Epilepsy/Convulsions/Seizure (except febrile) —
Within 1 year since last seizure or uncontrolled

Epstein Barr Syndrome — Present or within 1 year
of recovery

Esophageal Varices

Fabry Disease or Anderson-Fabry Disease

Fatty Liver — Present or within 2 years of recovery

Fibromyalgia — Within 1 year of diagnosis

Giant Cell Carcinoma

Graves' Disease — If present and under treatment
less than 6 months, or uncontrolled

Guillain-Barre' Syndrome — Present or within 6
months of recovery

Heart (Coronary) Bypass Surgery

Heart Attack (Myocardial Infarction)

Hemochromatosis

Hemophilia

Hepatitis — Chronic or recurrent

Hepatitis A or Hepatitis E — Within 6 months
of recovery, on medication, or abnormal liver
function tests

Hepatitis B or Hepatitis D — Within 1 year of recovery,
on medication, or abnormal liver function tests

Hepatitis C

Hepatitis G — Within 2 years of recovery, on
medication, or abnormal liver function tests

High Blood Pressure — with Standard II build,
or with Tobacco use and High Cholesterol

Hodgkin's Disease

Human Immunodeficiency Virus (HIV)

Human T-Cell Lymphotropic Virus (HTLV)

Huntington's Chorea

Hydrocephalus

Hydronephrosis — Present or bilateral

Hyperpituitarism or Hypopituitarism

Hypertension — with Standard II build, or with
Tobacco use and High Cholesterol

Hyperthyroid — If present and under treatment less
than 6 months, or uncontrolled

Idiopathic Thrombocytopenia Purpura (ITP) —
Present

Intermittent Claudication

Ischemia

Kawasaki Disease — Present or within
6 months of recovery

Kidney Cancer — Within 5 years of recovery

Kidney Dialysis

Kidney Infections — Chronic

Kidney/Urinary Stones — Present in both kidneys

Left Bundle Branch Blockage (LBBB)

Leukemia

Lou Gehrig Disease (Amyotrophic Lateral Sclerosis
or ALS)

Lung Cancer — Within 10 years of recovery

Lung Cyst or Abscess — Present

Lyme Disease — Present or within 1 year of recovery

Lymphadenopathy-Associated Virus (LAV)

Lymphoblastoma

Lymphoma

Lymphosarcoma

Marfan Syndrome

Mediterranean Anemia

Meniere's Disease — Progressive or having problems
with equilibrium

Meningitis — Present

Methicillin-Resistant Staphylococcus Aureus
(MRSA) — Present, or within 3 months of recovery

Mitral Insufficiency

Mitral Stenosis

Multiple Myeloma

Multiple Sclerosis

Unacceptable Conditions Continued

Muscular Dystrophy	Prostate Cancer — Within 2 years of recovery
Myasthenia Gravis	Protein C or S Deficiency
Myelitis — Present, or within 2 years of recovery	Psoriatic Arthritis
Myocardial Ischemia	Pulmonary Sarcoidosis — Severe
Myocarditis — Within 6 months of recovery	Pulmonary Atresia and Stenosis
Myxedema	Pulmonary Embolisms — Within 6 months of recovery, on blood thinners, or multiple attacks
Nephrosclerosis	Pulmonary Fibrosis
Nephrosis	Pulmonary Hypertension
Nephrotic Syndrome	Pulmonary Stenosis
Neurofibromatosis	Pulmonic Insufficiency
Neurogenic Bladder	Quadriplegia
Obstructive or Stenotic Murmurs	Raynaud's Syndrome — Within 1 year
Oral Cancer — Within 5 years of recovery	Renal Artery Stenosis
Organ Transplant Recipient	Reticulum Cell Sarcoma
Osteomalacia — Present, or within 2 years of recovery	Retinal Hemorrhage — Present
Osteomyelitis — Present, or 2 attacks within 2 years	Retrobulbar Neuritis
Ovarian Cancer — Within 7 years of recovery	(Optic Neuritis, Optic Atrophy) — Present, multiple attacks, or single attack within 1 year of recovery
Pacemaker	Rheumatic Heart Disease
Paget's Disease	Rheumatoid Arthritis — Within 5 years
Pancreatitis — Chronic, recurrent, alcoholic	Schizophrenia
Paraplegia	Septicemia — Present
Parkinson's Disease	Severe Lymphedema (Elephantiasis)
Parotid Gland Tumor — Present	Sick Sinus Syndrome
Paroxysmal Ventricular Tachycardia (PVT) — Chronic	Sickle Cell Anemia
Pathological Fractures	Sjogren's Syndrome
Pending or Recommended Surgery or Hospitalization	Skin Cancer (Squamous Cell Carcinoma, Dermatofibrosarcoma, Malignant Melanoma) — Present (excludes Basal Carcinoma)
Pericarditis — Present, multiple attacks, or due to heart or lung disease	Sleep Apnea — Present
Peripheral Vascular Disease	Spina Bifida — Unoperated, or within 1 year of recovery
Pick's Disease Dementia	Stokes-Adams Syndrome
Pneumocystosis	Stomach Cancer — Within 5 years of recovery
Pneumonia — Present	Stroke/Cerebral Vascular Accident (CVA)
Polycystic Kidney Disease	Suicide Attempt — Within 5 years
Polymyalgia Rheumatica	Systemic Lupus Erythematosus
Polymyositis	Tachycardia-Bradycardia
Polyposis	Testicular Cancer — Within 5 years, Stage III, Stage IV
Pregnant or expectant parent	
Presently Disabled	

Unacceptable Conditions Continued

Tetralogy of Fallot	of recovery
Thalassemia Major	Uterine Cancer — Present
Third-Degree Heart Block (complete heart block)	Valve Replacements
Thrombophlebitis, Phlebitis — Present	Valvuloplasty
Tourette's Syndrome — Uncontrolled or with Obsessive-Compulsive Disorders	Ventricular Bigeminy
Transient Ischemic Attacks (TIA)	Ventricular Fibrillation
Transposition of the Great Arteries	Ventricular Quadgeminy
Tricuspid Insufficiency	Ventricular Tachycardia
Tricuspid Regurgitation — Severe	Ventricular Trigeminy
Tricuspid Stenosis	Von Willebrand's Disease
Tuberous Sclerosis	Weight Loss Surgery — Within 5 years of recovery
Ulcerative Colitis — Present or within 1 year	Wolff-Parkinson-White Syndrome (WPW) — If symptomatic and on medication



Definitions of Rating Classes

Preferred — For applicants who fall within our Preferred Height and Weight Build Chart - and have been covered by health insurance within the past 63 days.

Standard 1 — For applicants who fall within our Standard 1 Height and Weight Build Chart - and have been covered by health insurance within the past 63 days. An applicant with a Preferred build and no prior health insurance coverage will be assigned a Standard 1 rating.

Standard 2 — For applicants who fall within our Standard 2 Height and Weight Build Chart. An applicant with a Standard 1 build and who did not maintain health insurance coverage will be assigned a Standard 2 rating.

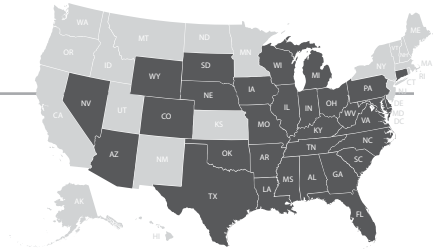
Ongoing health conditions determined during the underwriting process may further adjust the final rate class from what was originally quoted.

Tobacco Rate-Up

Tobacco use adds a surcharge to the premium rate. The tobacco surcharge varies by age and rating class.



Height and Weight Build Chart



This chart applies to the following states:

Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nebraska, Nevada, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wisconsin, Wyoming

P PREFERRED Height/Weight Build Chart			S1 STANDARD I Height/Weight Build Chart			S2 STANDARD II Height/Weight Build Chart		
Height	Female	Male	Height	Female	Male	Height	Female	Male
4' 6"	74 - 111		4' 6"	64 - 73 or 112 - 131		4' 6"	132 - 152	
4' 7"	77 - 115		4' 7"	67 - 76 or 116 - 136		4' 7"	137 - 158	
4' 8"	80 - 119		4' 8"	69 - 79 or 120 - 141		4' 8"	142 - 164	
4' 9"	83 - 124		4' 9"	71 - 82 or 125 - 147		4' 9"	148 - 170	
4' 10"	86 - 128	91 - 133	4' 10"	74 - 85 or 129 - 152	81 - 90 or 134 - 157	4' 10"	153 - 176	158 - 180
4' 11"	89 - 132	94 - 137	4' 11"	77 - 88 or 133 - 157	84 - 93 or 138 - 162	4' 11"	158 - 182	163 - 187
5' 0"	92 - 137	97 - 142	5' 0"	79 - 91 or 138 - 163	87 - 96 or 143 - 168	5' 0"	164 - 188	169 - 193
5' 1"	95 - 142	100 - 147	5' 1"	82 - 94 or 143 - 168	90 - 99 or 148 - 173	5' 1"	169 - 194	174 - 200
5' 2"	98 - 146	104 - 152	5' 2"	85 - 97 or 147 - 174	93 - 103 or 153 - 179	5' 2"	175 - 201	180 - 206
5' 3"	101 - 151	107 - 157	5' 3"	87 - 100 or 152 - 179	96 - 106 or 158 - 185	5' 3"	180 - 207	186 - 213
5' 4"	105 - 156	110 - 162	5' 4"	90 - 104 or 157 - 185	99 - 109 or 163 - 191	5' 4"	186 - 214	192 - 220
5' 5"	108 - 161	114 - 167	5' 5"	93 - 107 or 162 - 191	102 - 113 or 168 - 197	5' 5"	192 - 221	198 - 227
5' 6"	111 - 166	117 - 172	5' 6"	96 - 110 or 167 - 197	105 - 116 or 173 - 203	5' 6"	198 - 228	204 - 234
5' 7"	115 - 171	121 - 177	5' 7"	99 - 114 or 172 - 203	108 - 120 or 178 - 209	5' 7"	204 - 235	210 - 241
5' 8"	118 - 176	125 - 183	5' 8"	102 - 117 or 177 - 209	112 - 124 or 184 - 216	5' 8"	210 - 242	217 - 248
5' 9"	122 - 181	128 - 188	5' 9"	105 - 121 or 182 - 215	115 - 127 or 189 - 222	5' 9"	216 - 249	223 - 256
5' 10"	125 - 187	132 - 194	5' 10"	108 - 124 or 188 - 222	118 - 131 or 195 - 229	5' 10"	223 - 256	230 - 263
5' 11"	129 - 192	136 - 199	5' 11"	111 - 128 or 193 - 228	122 - 135 or 200 - 235	5' 11"	229 - 264	236 - 271
6' 0"	132 - 198	140 - 205	6' 0"	114 - 131 or 199 - 234	125 - 139 or 206 - 242	6' 0"	235 - 271	243 - 279
6' 1"	136 - 203	144 - 211	6' 1"	117 - 135 or 204 - 241	129 - 143 or 212 - 249	6' 1"	242 - 279	250 - 286
6' 2"	140 - 209	148 - 217	6' 2"	120 - 139 or 210 - 248	132 - 147 or 218 - 255	6' 2"	249 - 287	256 - 294
6' 3"	144 - 215	152 - 223	6' 3"	124 - 143 or 216 - 254	136 - 151 or 224 - 262	6' 3"	255 - 294	263 - 302
6' 4"	148 - 220	156 - 229	6' 4"	127 - 147 or 221 - 261	139 - 155 or 230 - 270	6' 4"	262 - 302	271 - 311
6' 5"	151 - 226	160 - 235	6' 5"	130 - 150 or 227 - 268	143 - 159 or 236 - 277	6' 5"	269 - 310	278 - 319
6' 6"	155 - 232	164 - 241	6' 6"	134 - 154 or 233 - 275	147 - 163 or 242 - 284	6' 6"	276 - 319	285 - 327
6' 7"	159 - 238	168 - 247	6' 7"	137 - 158 or 239 - 282	151 - 167 or 248 - 291	6' 7"	283 - 327	292 - 336
6' 8"	164 - 244	173 - 253	6' 8"	141 - 163 or 245 - 290	154 - 172 or 254 - 299	6' 8"	291 - 335	300 - 344
6' 9"	168 - 250	177 - 260	6' 9"	144 - 167 or 251 - 297	158 - 176 or 261 - 306	6' 9"	298 - 344	307 - 353
6' 10"	172 - 257	181 - 266	6' 10"	148 - 171 or 258 - 304	162 - 180 or 267 - 314	6' 10"	305 - 352	315 - 362
6' 11"	176 - 263	186 - 273	6' 11"	152 - 175 or 264 - 312	166 - 185 or 274 - 322	6' 11"	313 - 361	323 - 371
7' 0"	180 - 269	190 - 279	7' 0"	155 - 179 or 270 - 319	170 - 189 or 280 - 329	7' 0"	320 - 370	330 - 380

Height and Weight Build Chart

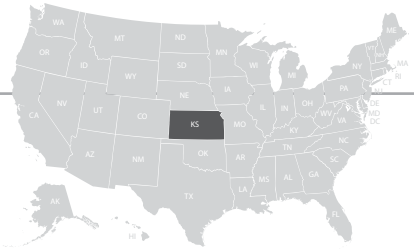


Chart for Kansas

Definitions of Rating Classes

Preferred — Designed for applicants who fall in the Preferred height and weight guidelines and are in good health.

Standard — Designed for applicants whose height and weight place them in the Standard chart or applicants with ongoing medical conditions.

Tobacco — Those applicants who have used tobacco products within the last 12 months.

Please note: A rating class may be adjusted depending upon discovery during our underwriting process.

Preferred Health Class Height/Weight Build Chart								
Height	Male Weight (lbs.)	Female Weight (lbs.)	Height	Male Weight (lbs.)	Female Weight (lbs.)	Height	Male Weight (lbs.)	Female Weight (lbs.)
4' 10"	106-146	99-138	5' 7"	134-175	122-168	6' 4"	170-232	155-209
4' 11"	109-148	100-140	5' 8"	138-178	125-172	6' 5"	174-240	160-214
5' 0"	112-151	103-143	5' 9"	141-184	129-176	6' 6"	179-248	165-219
5' 1"	115-154	106-146	5' 10"	145-189	132-179	6' 7"	183-256	171-225
5' 2"	117-157	108-150	5' 11"	149-195	136-184	6' 8"	187-264	177-231
5' 3"	121-160	111-153	6' 0"	153-202	140-189	6' 9"	194-272	182-236
5' 4"	124-163	113-157	6' 1"	157-209	144-194	6' 10"	200-280	188-242
5' 5"	128-167	116-161	6' 2"	161-216	148-200	6' 11"	206-288	194-248
5' 6"	131-171	119-165	6' 3"	165-224	151-205	7' 0"	212-296	200-255



Height and Weight Build Chart

(Kansas)

Definitions of Rating Classes

Preferred — Designed for applicants who fall in the Preferred height and weight guidelines and are in good health.

Standard — Designed for applicants whose height and weight place them in the Standard chart or applicants with ongoing medical conditions.

Tobacco — Those applicants who have used tobacco products within the last 12 months.

Please note: A rating class may be adjusted depending upon discovery during our underwriting process.

Standard Height/Weight Build Chart				
Female Height	Ages 18 to 45		Age 46 and over	
	Standard	Acceptable	Standard	Acceptable
4' 10"	80-149	150-167	80-155	156-174
4' 11"	82-153	154-171	82-159	160-178
5' 0"	84-155	156-176	84-162	163-182
5' 1"	86-159	160-180	86-166	167-186
5' 2"	88-163	164-184	88-170	171-190
5' 3"	90-168	169-189	90-175	176-196
5' 4"	92-173	174-194	92-180	181-202
5' 5"	94-178	179-200	94-185	186-207
5' 6"	97-182	183-205	97-190	191-213
5' 7"	99-186	187-209	99-194	195-217
5' 8"	102-191	192-215	102-199	200-223
5' 9"	105-196	197-220	105-204	205-228
5' 10"	108-202	203-227	108-210	211-235
5' 11"	111-206	207-232	111-215	216-241
6' 0"	115-212	213-239	115-221	222-248
6' 1"	118-217	218-244	118-226	227-253
6' 2"	121-222	223-251	121-232	233-260
6' 3"	124-230	231-258	124-239	240-267
6' 4"	127-236	237-266	127-246	247-276
6' 5"	130-244	245-274	130-254	255-284
6' 6"	134-250	251-282	134-261	262-293
6' 7"	137-258	259-290	137-269	270-301
6' 8"	141-265	266-298	141-276	277-309
6' 9"	144-273	274-306	144-284	285-317
6' 10"	148-280	281-313	148-291	292-324
6' 11"	152-286	287-321	152-298	299-333
7' 0"	155-295	296-328	155-306	307-341

Standard Height/Weight Build Chart				
Male Height	Ages 18 to 45		Age 46 and over	
	Standard	Acceptable	Standard	Acceptable
4' 10"	88-161	162-180	88-174	175-186
4' 11"	90-165	166-184	90-178	179-190
5' 0"	92-169	170-188	92-182	183-195
5' 1"	94-173	174-193	94-186	187-200
5' 2"	96-177	178-197	96-190	191-204
5' 3"	99-182	183-203	99-196	197-210
5' 4"	102-187	188-209	102-202	203-216
5' 5"	104-192	193-215	104-207	208-222
5' 6"	107-198	199-220	107-213	214-228
5' 7"	110-202	203-225	110-217	218-232
5' 8"	113-207	208-231	113-223	224-238
5' 9"	116-212	213-236	116-228	229-244
5' 10"	119-218	219-244	119-235	236-252
5' 11"	122-224	225-249	122-241	242-258
6' 0"	125-230	231-257	125-248	249-266
6' 1"	128-235	236-262	128-253	254-272
6' 2"	132-242	243-270	132-260	261-279
6' 3"	135-248	249-277	135-267	268-286
6' 4"	139-256	257-286	139-276	277-296
6' 5"	143-264	265-294	143-284	285-304
6' 6"	147-272	273-303	147-293	294-314
6' 7"	151-280	281-312	151-301	302-322
6' 8"	155-287	288-320	155-309	310-332
6' 9"	158-295	296-328	158-317	318-340
6' 10"	162-302	303-336	162-324	325-349
6' 11"	166-310	311-345	166-333	334-357
7' 0"	170-317	318-253	170-341	342-366

What to Expect From Our Underwriting Process



Underwriting Process

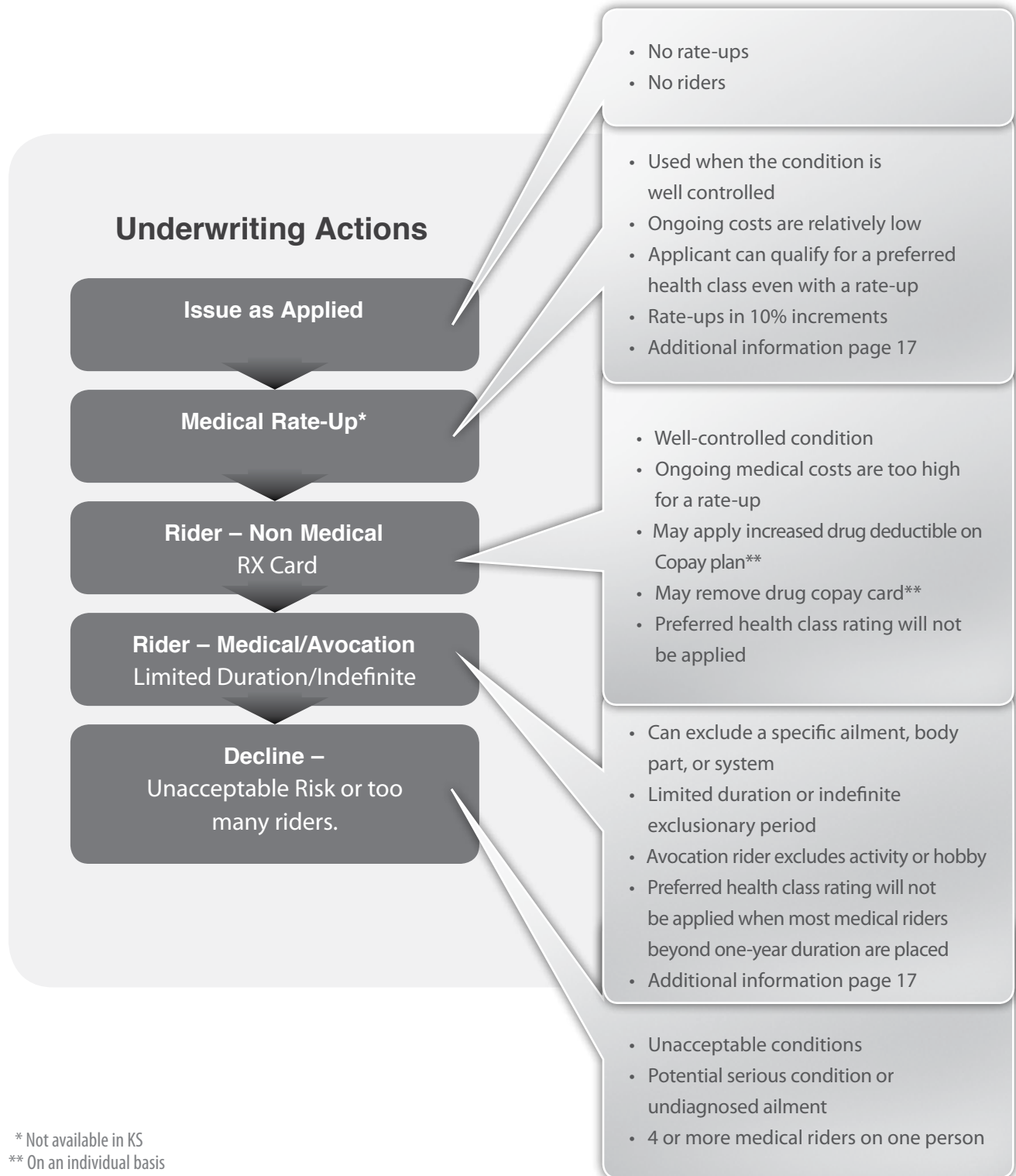
- Association fees may be required per application and range from \$4.00 to \$40.00. (See page 24.)
- Each person is underwritten and accepted or declined individually.
- All issued coverage documents are sent to you unless you notify us.
- ID cards are mailed from an outside vendor following coverage issuance.
- You may check the status of all newly submitted applications on E-Store.

Underwriting Details

- The underwriting process will take between 2 and 30 days depending upon complexity.
- We may undertake various tasks during the underwriting process including:
 - Making calls to your client as needed to verify medical information.
 - Requesting records from MIB and any attending physicians.
 - Requesting “special” authorizations if needed, for medical information.

Possible Underwriting Actions

Our goal is to offer coverage to as many applicants as possible. Each individual on an application is underwritten separately. Underwriting actions are based on the information on the application as well as information we obtain during underwriting. If coverage cannot be issued as applied for, we will first consider a rate-up. If a rate-up cannot be utilized, an exclusion rider may be applied. If a rider cannot be applied, only then is the application declined. This decision process can vary state by state, but generally follows this process.



* Not available in KS
 ** On an individual basis

Possible Underwriting Actions Continued

If a client has a condition that increases risk, Golden Rule may issue coverage with a modification rather than decline coverage. Common modifications include:¹

- 1) Rate-Up** — If a condition is well controlled with prescription medication(s), diet, and/or routine office visits, a premium rate-up may be used. The amount of the premium rate-up will vary by the ongoing costs of the treatment. Any premium increase applies only to the applicant with the condition; other covered family members will not be affected by the rate-up.
- 2) Medical Riders²** — Exclude coverage for specified conditions or body parts. Medical riders may be temporary (up to 10 years in length) or indefinite. Most riders prevent your customer from receiving the Preferred rating.
- 3) Increased Prescription Drug Card Deductible** — If a condition is well controlled, a prescription drug deductible increase may be used. The increased deductible amount will vary by the expected ongoing prescription costs. This increased deductible can only be used with plans containing the prescription drug card benefit.
- 4) Exclusion of the Prescription Card** — Medical history and/or prescription drug use may prohibit the issuing of the prescription drug card.



¹ State variations may prevent some of the underwriting actions noted above.

² Medical riders may be reviewed for removal after the policy/certificate has been in force for 12 consecutive months.

Preliminary Evaluation (Underwriting Guidance)

To assist the application process, we have two options for obtaining underwriting guidance. You may call the Broker Service Center or use our preliminary evaluation form on E-Store. By utilizing our preliminary evaluation, information is transmitted directly to our underwriting team who will review and provide a response to you regarding your applicant's eligibility.

- Go to www.UHOne.com/Broker and login.
- Select *Services > Preliminary Evaluation*.
- Click on the Create New Evaluation Form > New Form button.
- Fill out the form and click submit.
- Track your evaluation responses from the main evaluation screen.
- Receive an answer in **2-4 hours**.
- It is important to enter all data requested in order to receive an accurate and timely response.



Preliminary Evaluation Form

This Preliminary Evaluation of the client is based only on the information you provided on this form. It is an informal opinion of how the Company may react to a submitted application containing identical information, and is intended to assist the broker and client in deciding what health insurance coverage may be appropriate. It is not binding on the Company. It is not a guarantee that coverage will be issued to the client. Final underwriting decisions are based on information from submitted applications and other information we receive during the underwriting process. Everyone has the right to apply for coverage, regardless of vocation or health conditions. This evaluation will expire in 45 days.

*In order to provide an accurate evaluation please indicate a specific plan and deductible that we offer in the fields below. If selecting the optional Mental Health Benefit, please verify it is available in the selected state.

Primary Applicant Location:

State Code: Plan Name: [Back to Preliminary Evaluation Main](#)

Zip Code: Deductible:

Mental Health Benefit:

[Add Applicant](#)

Primary Applicant:

Gender: Height: ft. in. Motorcycle:

Date of Birth: Weight: Tobacco:

Medical History:

Condition: Dosage:

Medication Name: Date of Onset:

Condition Status: Date of Complete Recovery:

Preliminary Evaluation Main

This Preliminary Evaluation of the client is based only on the information you provided on this form. It is an informal opinion of how the Company may react to a submitted application containing identical information, and is intended to assist the broker and client in deciding what health insurance coverage may be appropriate. It is not binding on the Company. It is not a guarantee that coverage will be issued to the client. Final underwriting decisions are based on information from submitted applications and other information we receive during the underwriting process. Everyone has the right to apply for coverage, regardless of vocation or health conditions. This evaluation will expire in 45 days.

Evaluation ID: Date Submitted From:

Status: Date Submitted To:

Zip Code: Primary Date of Birth:

Gender:

Create New Evaluation Form

Search Results

Evaluation ID#	Status	Gender	Primary Date of Birth	Zip Code	Date Submitted	Date Completed
54320	Completed	M	01/01/1972	46256	Friday, 04/20/2012	
58084	Completed	M	01/01/1981	46256	Friday, 12/16/2011	
58803	Completed	M	01/01/1981	46256	Friday, 12/09/2011	

Premium Modes and Payment Information

A minimum of one month's premium must accompany any insurance application.

We may adjust the premium rates after the first 12 months. The type of plan, age, and gender of covered persons, type, and levels of benefits, time the coverage has been in force, and their place of residence are factors that may be used in establishing rate classes, as well as future premium rates.

Payment Options	Initial Payment	Ongoing Payment
Check	X	
Monthly EFT	X	X
Quarterly EFT		X
Credit Card (MC, Visa)	X	
Monthly Direct Bill		X
Quarterly Direct Bill		X

Types of Initial Payment

OPTION 1: PERSONAL CHECK OR MONEY ORDER

For paper applications we can accept a personal check. Please note that if payment is made with a personal check, payment will be processed upon receipt.

OPTION 2: ELECTRONIC FUNDS TRANSFER (EFT)

Please note that payment will be processed upon issue if paying by EFT.

OPTION 3: CREDIT CARD

We accept Visa® or MasterCard® for initial premium only with a paper application or applications submitted electronically. Please note that payment will be processed upon issue if paying by credit or debit card.

Ongoing Premium Payment

OPTION 1: MONTHLY ELECTRONIC FUNDS TRANSFER (EFT)

OPTION 2: QUARTERLY ELECTRONIC FUNDS TRANSFER (EFT)

OPTION 3: DIRECT BILL MONTHLY OR QUARTERLY

Your clients may elect to have bills mailed to them monthly or quarterly.

- A bill will be sent two weeks in advance of the premium due date.
- There is a \$10 per paper-mailed-invoice billing fee.
(\$120 annually for monthly direct bill and \$40 annually for quarterly bill.)

Notes on EFT:

Electronic Funds Transfer (EFT) is available from a checking or savings account. Authorization for the EFT payment must be included with the application.*

The day of the month for EFT is selected by the applicant; however it must be within 10 days after the due date.**

If no transfer date indicated, the EFT will occur on the premium due date.

Plans with EFT generally stay in force longer due to auto payment.

There are no billing fees associated with EFT.

* Electronic Fund Transfers (EFT) and credit card payments will only be collected upon approval of an application, whereas personal checks will be processed upon receipt of an application.

** TN and TX Exception

Single Payor Options for Multiple Individual Plans

Employer Payor

A single payor may elect to facilitate payment for one or more employees who have personal health insurance policies or certificates. All individuals covered by the Employer Payor agreement may have different effective dates. Payment options are monthly EFT, quarterly EFT, monthly direct bill and quarterly direct bill. Direct bill payments may be made by business check. Each individual is paying for their own insurance. The employer is simply facilitating payment. See availability by state on page 25.

List Bill

A single payor may elect to facilitate payment for two or more employees who have personal health insurance plans. The individuals covered by the List Bill must all have the same effective date of the month. Payments by business check is the only option available on List Bill. The individuals are paying for their own individual insurance and the employer is simply facilitating payment. See availability by state on page 25.

	Employer Payor	List Bill
➤ Business Checks Accepted	➤ Yes	➤ Yes
➤ Monthly Bill Option	➤ Yes	➤ Required
➤ EFT Option	➤ Yes	➤ No
➤ Effective Dates	➤ Applicants may have different effective dates	➤ All applicants must have same effective date
➤ Documents Required	➤ Employer Payor agreement must be signed (located on E-Store under broker/forms or in booklet #39203-G-0710)	➤ List Bill Employer Payor document must be signed (located on E-Store under broker/forms or in booklet #36749-G-0710)
➤ E-Store Submission	➤ Yes, only after all policies are issued	➤ Yes, only after all policies are issued
➤ Fees EFT Monthly Bill	- 0 - \$10 per policy/certificate per month	- N/A - \$25
➤ Optimal Use	➤ Any size	➤ Groups up to 25 individuals, must have at least 2 policies to start a list bill

Underwriting Appeals & Important Facts

Our underwriting process is detailed. Applicants may appeal an underwriting outcome if they believe the decision was based on outdated or incorrect medical information. The applicant may submit a request to review an underwriting decision by writing or calling our Client Services department and providing updated or corrected information.

Tobacco¹

A tobacco surcharge is automatically added when an applicant indicates they use tobacco. The surcharge assessed ranges from 1.12 to 1.90 depending upon the individual's age and rate class.

Removal of this surcharge only occurs if the insured has been smoke free for a minimum of 12 consecutive months. The insured must submit a new application along with the fee for a urinalysis to verify no presence of tobacco. Fees range from \$60 to \$83 depending on the state. Medical history and claims will be reviewed upon receipt of the new application, in addition to the urinalysis to make the determination.

HIPAA — Health Insurance Portability and Accountability Act

In some states we offer HIPAA (guarantee issue) coverage for your clients. The following criteria must be met in order to qualify:²

1. The client does not have any other health insurance coverage (or it will be involuntarily terminated soon).
2. The client has been insured by creditable coverage (as defined below) for the last 18 months or more with no lapse in coverage of more than 63 days.
3. The client's most recent coverage was under a group health plan (as defined below), a governmental plan, or a church plan.

4. The client's most recent coverage was not terminated due to nonpayment of premiums, fraud, or intentional misrepresentations.
5. The client is not eligible for any coverage under a group health plan, Medicare, or Medicaid.
6. The client accepted and exhausted any group continuation of coverage (including COBRA) that was offered to them—or—The client was not offered group continuation of coverage (including COBRA).

Creditable coverage includes group or individual health insurance coverage, Medicare, Medicaid, Armed Forces coverage, Indian or tribal coverage, state risk pool coverage, public health coverage, and Peace Corps Act coverage. A plan is NOT creditable coverage if it: a) provides coverage only for accidents, disability, or liability; b) is credit-only insurance; or c) is a secondary to other insurance.

Generally, a group health plan is any coverage existing in connection with employment. Included are: employer-sponsored plans (so long as at least one employee participates); coverage of an employee under an individual policy of insurance that is part of a plan, fund, or program established or maintained by an employer that provides medical care to employees or their dependents; coverage of a business owner so long as at least one employee other than the business owner and the business owner's spouse also participates in the plan; and coverage of partners in a plan maintained by the partnership.

¹ Tobacco is a separate rating class in Kansas (see page 13).

² Check specific application packets for state variations.

E-Store — Online Quoting and Application System

Please visit our online E-Store at www.UHOne.com/Broker

This site provides a quick and simple approach to quotes, quoting submission, and tracking. In order to use this site, registration is required.

- 1) Click on "Register Now" on home page.
- 2) Your National Producer Number (NPN) is your Golden Rule broker identification number. Input that number wherever your broker ID is requested.
- 3) Choose a password and enter where prompted.
- 4) You will be required to choose a security question and provide an answer for added security and in the event that you forget your password.

The screenshot displays the UnitedHealthOne E-Store website. At the top, the UnitedHealthOne logo is on the left, and the Broker Service Center contact information (800) 474-4467, 7440 Woodland Drive, Indianapolis, IN 46278, and FAX: (801) 478-5460 is on the right. Below this is a navigation bar with links for Home, Find A Doctor, Broker Seminars, and Get Appointed. The main content area is divided into several sections: a Welcome message, a 'Welcome Brokers!' section with a login form (Broker ID, Password, Sign In) and links for registration and password recovery; a 'Personal Health Insurance' section featuring a map of the United States and text about health insurance for individuals and families; a 'Why UnitedHealthOne?' section with bullet points on UnitedHealthcare, Experience and Expertise; and a 'UnitedHealthOne Updates' section with news items about next day effective dates and critical illness insurance. At the bottom, there are links for important notices, language assistance, privacy, terms of use, Adobe Reader, contact, and sign-off. A copyright notice for 2012 Golden Rule Insurance Company is also present.

E-Store Features

The home page is your link to all the tools available on E-Store.

The tabs listed across the top of the page provide easy navigation throughout the site.

Please call your Broker Account Executive to learn more about E-Store features and tools.



Frequently Asked Questions

How do I obtain non-resident appointments?

You will need to submit a non-resident appointment form, a copy of your non-resident license, and an appointment fee. Call (800) 474-4467 for assistance or obtain the required forms on E-Store by logging into your E-Store account and clicking on forms.

Where do I fax licensing information?

Licensing information should be faxed to (618) 943-5239.

Must I carry Errors and Omissions insurance to be appointed with Golden Rule?

No, it is not required, but we reserve the right to require it in the future, and we recommend it for your own protection.

How do I obtain current information about Golden Rule plans?

Go to www.UHOne.com/Broker for the most current information or contact your Broker Account Executive.

How do I know if my supplies are current?

Get the latest supplies from E-Store. If you are still unsure if you have the correct supplies, call the Broker Service Center at (800) 474-4467.

How do I obtain a preliminary evaluation of a client's insurability?

We have an online tool that assists you in determining coverage eligibility. Please refer to page 18 of this guide.

Where do I fax applications?

(801) 478-5460

Is premium required with the application?

At least one month's premium is required with the application. Premium paid by EFT (checking account or credit card) will not be processed until policy is issued. Paper checks will be deposited immediately upon receipt.

What are the options for payment?

For the first premium payment, Visa®, MasterCard®, Electronic Funds Transfer (EFT), check, or money order is accepted. For ongoing payments, your clients can setup automatic payments from a checking or savings account each month, or we can bill the client directly on a monthly or quarterly basis. Fees may apply.

Why do you offer List Bill and Employer Payor options if an employer cannot pay for premiums?

These are simply a convenience for the employer or other third party to aid in collection and submission of employees' individual premiums to Golden Rule. See page 20 for more details.

How do I keep track of my clients' plans once they're issued?

You will find reports on your issued business on E-Store under "My New Business" and "My Existing Business".

What is FACT?

FACT is the Federation of American Consumer and Travelers, an independent association. In order to be eligible for our plans applicants are required to become members of FACT because our products are filed as FACT association group plans. In most states, FACT membership cost varies per month. The fee will be included with applicant's premium payment. Applicant receives consumer, travel, and health-related discounts from FACT. Visit the FACT website at <http://usafact.org> to obtain more information.

State Product Availability

PRODUCTS AND PAYMENT OPTIONS OFFERED IN THE FOLLOWING STATES

Updated 12/2012

PRODUCTS								PAYMENT OPTIONS	
State	Health Insurance Products	Short Term Products	Dental	Vision	Continuity	Critical Illness	Disability	Employer Payor	List Bill
AK			S					X	X
AL	X	X	S	M, D	X	X		X	X
AR	X	X	S	M, D		X			
AZ	X	X	S	M, D	X	X	X	X	X
CA			S	D					
CO	X	X	S	M, D		X			
CT	X	X	S	M, D				X	X
DC			S	D				X	X
DE	X	X	S	M, D	X	X			
FL	X	X	S	M, D	X	X	X	X	X
GA	X	X						X	X
HI			S	D					
IA	X	X	S	M, D	X	X		X	X
ID			S	D					
IL	X	X	S	M, D	X	X		X	X
IN	X	X	S	M, D	X	X		X	X
KS	X	X	S	M, D				X	X
KY	X	X	S	M, D		X			
LA	X		S	M, D	X	X		X	X
MD	X		S	M, D	X				
MI	X	X	S	M, D	X	X	X		
MO	X	X	S	M, D	X	X	X	X	X
MS	X	X	S	M, D	X	X		X	X
MT			S	D					
NC	X	X	S	D		X			
ND			S	D				X	X
NE	X	X	S	M, D	X	X		X	X
NH									
NJ			S	D				X	X
NM			S	D		X		X	X
NV	X		S	M, D		X		X	X
OH	X	X	S	M, D	X	X		X	X
OK	X	X	S	M, D	X	X		X	X
OR			S	D					
PA	X	X	S	M, D	X	X	X	X	X
SC	X	X	S	M, D	X	X		X	X
SD	X	X	S	M, D	X	X			
TN	X	X	S	M, D	X	X			
TX	X	X	S	M, D	X	X	X	X	X
UT			S	D				X	X
VA	X	X			X			X	X
WI	X	X			X	X	X		
WV	X	X	S	M, D	X				
WY			S					X	X

[Visit E-Store for current product brochures, applications, and rates](#)

M Benefit can be added to Long Term Health Product

S Benefit is a Stand-Alone Product

D Benefit can be added to a Dental Stand-Alone Product

Note: All the information in this guide is confidential.

**Visit E-Store at
www.UHOne.com/Broker**

or Call Broker Services at (800) 474-4467.

**Make sure you are using current brochures,
applications, and rates for your state!**

