Short Term Medical[SM]

Health insurance for individuals and families in times of transition and change.

www.goldenrule.com

Available to members of FACT.

Golden Rule®

A UnitedHealthcare Company

Golden Rule Short Term Medical[SM]

The plan that offers easy-to-understand, affordable health insurance designed for individuals and families in times of transition and change. Plans available to members of FACT — *see back panel.*

Short Term Medical[SM] can "bridge the gaps" in health insurance coverage if:

- You've lost coverage through recent job or life changes;
- You're a student or graduate no longer eligible for coverage under your parents' plan;
- You're a seasonal worker;
- You've retired and are waiting for Medicare eligibility.

With Golden Rule, you can choose from a range of deductibles, payment options, and length of coverage that best meets your needs. In addition, you have access to a wide choice of physicians and health care facilities.

Because we know that life can change quickly, Golden Rule gives you the flexibility to drop your Short Term Medical[SM] coverage at any time without penalty or to apply for another 1-6 months of coverage.

Golden Rule understands that peace of mind comes from knowing that you and your family are protected with quality health insurance, regardless of your temporary situation.

May 6 2007 11:06:42

Policy Forms: C-006.4
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$1,000,000 Short Term Medical[SM]

from Golden Rule Insurance Company

Optional Periods of Coverage:

1-6 months.

Deductible Amounts Available:

$250, $500, $1,000, $1,500, or $2,500.

How It Works:

12-Month Extension of Benefits

If an insured is confined as an Inpatient during the coverage term and the confinement continues after the term ends, we will extend coverage until the earlier of the discharge date or 12 months after the end of the term.

60-Day Extension of Benefits

Benefits can be paid for up to 60 days after the end of the certificate term for an illness or injury, provided the deductible is met for that illness or injury during the certificate term (up to $1,000 maximum).

Not available in all states.

This brochure is only a general outline of our standard short-term benefits. Please see pages 10 and 11 for state variations. This is not an insurance contract. Please read your certificate carefully.

Complete coverage details are provided in the policy and certificates. In most cases, coverage will be determined by the master policy issued in Illinois and subject to Illinois law.

UnitedHealthcare Choice Plus Network*

Using Preferred Networks

With a Golden Rule health insurance plan, you gain access to the UnitedHealthcare Choice Plus network.

Physicians, hospitals, and other health care providers participating in UnitedHealthcare Choice Plus Network have agreed to provide you quality care at reduced costs. The result is lower premiums, and, in return, you agree to use the physicians, hospitals, and other providers in the network.

This national network of health care professionals and facilities provides you substantial discounts on medical services.

** UnitedHealthcare Choice Plus Network is not available in Michigan. PPOM is the preferred network. To locate providers for either network, visit our Web site at* **www.goldenrule.com**

1. *Select* Networks
2. *Choose* Networks Available for New Applicants
3. *Select* State
4. *For Michigan, select* PPOM
   All other states, select UnitedHealthcare Choice Plus

Out-of-Network Benefit Reduction

Receiving non-emergency services outside the Choice Plus or PPOM networks results in substantially less benefits. Your covered expenses are reduced by 25%. This reduction is limited to $5,000 in covered expenses, per covered person.

Deductible and Benefit Period per Condition

For each condition (illness or injury), you will have a deductible and a maximum benefit period. A benefit period begins when you are hospital-confined or meet the full amount of the deductible for an illness or injury during the certificate term. You may have more than one benefit period running at a time if you have more than one illness or injury for which you are hospital-confined or have met the full amount of the deductible.

Group — Coordination of Benefits

If, after coverage is issued, a covered person becomes insured under a group plan, benefits will be determined under the Coordination of Benefits (COB) clause. COB allows two or more plans to work together so that the total amount of all benefits will never be more than 100 percent of allowable expenses during any calendar year. COB also takes into account medical coverage under auto insurance contracts.

Dependents

Under your Short Term Medical[SM] certificate, you may also insure your spouse, your natural or adopted children, and your spouse's natural or adopted children. All children applying for insurance must be unmarried, living with you, financially dependent on you for support, and either: (1) under 19 years of age; or (2) under 23 years of age and attending an accredited vocational school, college, or university as full-time students.

Limitations

Diagnosis or treatment of mental or nervous disorders, including mental incapacity and substance abuse, will be limited to a lifetime maximum of $3,000 per covered person. Outpatient diagnosis or treatment of mental or nervous disorders will be further limited to $50 per visit.

Expenses relating to diagnosis or treatment of any spine or back disorders will be limited to $50 per visit and to no more than six visits in any three-month period.

Covered Expenses

Subject to all certificate provisions, the following expenses are covered:

- Daily hospital* room and board at most common semiprivate rate; reasonable and customary charges for intensive care unit.
- Hospital charges for inpatient use of an operating, treatment, or recovery room.
- Hospital emergency treatment of an injury (even if confinement is not required).
- Professional fees of doctors and surgeons.
- Diagnostic x-ray and laboratory tests, in or out of the hospital.
- Prescription drugs.
- Ground ambulance service to a hospital for necessary emergency care.
- Cost and administration of an anesthetic.
- Radiation therapy.
- Hemodialysis, processing, and administration of blood or components (but not the cost of the actual blood or components).
- Cost and administration of oxygen and other gases.
- Rental of wheelchair, hospital bed, and other durable medical equipment.
- Diagnostic tests, in or out of the hospital.
- Dressings and other necessary medical supplies.
- Artificial eyes, limbs, breast prosthesis, or larynx (but not replacement).
- Surgery to treat craniomandibular disorders, malocclusions, or disorders of the temporomandibular joint (TMJ), limited to a combined $10,000 lifetime maximum per covered person.
- Outpatient surgery at an outpatient surgical center.
- Mammograms, Pap smears, prostate-specific antigen testing, and other preventive care as specified in the certificate.

* Hospital does not include a nursing or convalescent home, or an extended care facility.

Transplant Expense Benefit

The following types of transplants are eligible for coverage.

Tissue Transplants	**Listed Transplants**
• Cornea transplants	• Heart
• Artery or vein grafts	• Lung
• Heart valve grafts	• Heart and lung
• Prosthetic tissue and joint replacement	• Bone marrow
• Prosthetic lenses for cataracts	• Liver
	• Kidney

Golden Rule has arranged for certain hospitals around the country (referred to as our "Centers of Excellence") to perform specified transplant services. If you use one of our "Centers of Excellence," the specified transplant will be considered the same as any other illness, and will include a transportation and lodging incentive (for a family member) of up to $5,000. Otherwise, the acquisition cost for the organ or bone marrow will not be covered, and covered expenses related to the transplant will be limited to $100,000 and one transplant in a 12-month period.

To qualify as a covered expense under the Transplant Expense Benefit, the covered person must be a good candidate, and the transplant must not be experimental or investigational. In considering these issues, we consult doctors with expertise in the type of transplant proposed.

The following conditions are eligible for bone marrow transplant coverage:

Allogenic bone marrow transplants (BMT) for treatment of: Hodgkin's lymphoma or non-Hodgkin's lymphoma, severe aplastic anemia, acute lymphocytic and nonlymphocytic leukemia, chronic myelogenous leukemia, severe combined immunodeficiency, Stage III or IV neuroblastoma, myelodysplastic syndrome, Wiskott-Aldrich syndrome, thalassemia major, multiple myeloma, Fanconi's anemia, malignant histiocytic disorders, and juvenile myelomonocytic leukemia.

Autologous bone marrow transplants (ABMT) for treatment of: Hodgkin's lymphoma, non-Hodgkin's lymphoma, acute lymphocytic and nonlymphocyctic leukemia, multiple myeloma, testicular cancer, Stage III or IV neuroblastoma, pediatric Ewing's sarcoma and related primitive neuroectodermal tumors, Wilms' tumor, rhabdomyosarcoma, medulloblastoma, astrocytoma, and glioma.

Exclusions

NO BENEFITS ARE PAYABLE FOR EXPENSES WHICH:

- Are not specifically provided for in the certificate or which are not incurred during a benefit period.
- Would not have been charged in the absence of insurance.
- Are for preventive care, except as expressly provided for under the certificate.
- Are incurred while confined primarily for custodial, rehabilitative or educational care, or nursing services.
- Are incurred for modification of the body, cosmetic treatment, or aesthetic reasons.
- Result from self-inflicted injury, act of war, or participation in a riot or felony.
- Exceed the reasonable and customary charges.
- Are incurred as a result of participating in professional or semi-professional athletic events.

NO BENEFITS ARE PAYABLE FOR:

- Preexisting conditions — A condition: (1) for which medical advice, diagnosis, care, or treatment was recommended or received within the 24 months immediately preceding the date the covered person became insured under the certificate; or (2) that had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 12 months immediately preceding the date the covered person became insured under the certificate.

  A pregnancy existing on the effective date of coverage will also be considered a preexisting condition.

  NOTE: Even if you have had prior Golden Rule coverage and your pre-existing conditions were covered under that plan, they will not be covered under this plan.
- Employment-related injury or illness (unless self-employed and not covered by Workmen's Compensation coverage).
- Pregnancy or routine well-baby care.
- Dental services or procedures, eyeglasses, contacts, eye refraction, visual therapy, hearing aids, or any examination or fitting related to these.
- Charges for use of hospital emergency room due to illness (unless confined).
- Any drug, treatment, or procedure that promotes or prevents conception or prevents childbirth, including abortion, sterilization, artificial insemination, or treatment for infertility or impotency.
- Television, telephone, or expenses of other persons.

- Treatment of temporomandibular disorders (except as stated in covered expenses).
- Marriage, family, or child counseling.
- Recreational or vocational therapy or rehabilitation.
- Services performed by an immediate family member.
- Procedures, services, or supplies that are considered to be investigational treatment.
- Treatment of mental disorders or substance abuse, unless expressly provided for by the certificate.
- Durable medical equipment, except as provided for under covered expenses.
- Expenses incurred outside of the United States, except for expenses incurred in conjunction with emergency treatment of a covered person.
- Diagnosis or treatment of learning disabilities, attitudinal disorders, or disciplinary problems.
- Occupational therapy or outpatient speech therapy, except as provided for by the certificate.
- Services or supplies that are not ordered or administered by a doctor, or that are not medically necessary to the diagnosis or treatment of an illness or injury.

Effective Date

Your certificate will take effect on the later of: (1) the requested effective date; or (2) the day after the postmark date affixed by the U.S. Postal Service,* but only if the following conditions are satisfied:

(a) Your application and the appropriate premium payment are actually received at our Home Office within 15 days of your signing;

(b) You are a member of the Federation of American Consumers and Travelers (FACT) or another qualified association;

(c) Your application is properly completed and unaltered;

(d) You have answered "no" to question 2 (if other questions are answered "yes," we will exclude the person(s) listed);

(e) You are a resident of a state in which the certificate form can be issued;

(f) If the application is submitted by an agent or broker, the agent or broker is properly licensed to submit applications to Golden Rule; and

(g) You have not been insured under more than one prior Golden Rule Short Term Medical[SM] policy/certificate.

* If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (1) the date you requested; or (2) the date received by Golden Rule. If the application is sent by any electronic means, your certificate will take effect on the later of: (1) the requested effective date; or (2) the day after the date received by Golden Rule.

Renewability

Your Short Term Medical[SM] certificate is not renewable. You may apply for one additional certificate. This second certificate will not be a continuation of the first.

We may cancel coverage if there is fraud or material misrepresentation made by or with the knowledge of a covered person in filing a claim for benefits.

State Variations

Arkansas

- The exclusion for TMJ disorders does not apply.
- Childhood immunizations are not subject to the deductible.

Florida

- Child health supervision services (well-child care services) are not subject to the deductible.

Iowa

- The spine and back limitation does not apply.

Mississippi

- The references to 24 and 12 months in the definition of a preexisting condition are both changed to six months.

Missouri

- The exclusion for expenses incurred as a result of self-inflicted injury does not apply if the covered person was insane or if the injury resulted from an attempted suicide.

North Carolina

- Limited coverage for nonsurgical treatment of TMJ up to lifetime maximum of $3,500.
- The lifetime maximum for surgical treatment of TMJ does not apply.
- Occupational injuries or illnesses are not covered expenses if paid under the North Carolina Worker's Compensation Act.
- The preexisting conditions reference to treatment within 24 months prior to the applicable effective date is changed to 12 months.
- For covered expenses received outside of the Choice Plus network, benefits will be reduced by 25 percent. This reduction is limited to $1,000 per benefit period.

Ohio

- Outpatient treatment for alcoholism or mental or nervous disorders is limited to $550 a calendar year.

Oklahoma

- Mammograms are not subject to the deductible or coinsurance.
- The spine and back limitation does not apply.
- Childhood immunizations exempt from the deductible.

Pennsylvania

- Childhood immunizations are not subject to the deductible.
- Formulas or nutritional supplements for phenylketonuria (PKU) and other metabolic disorders are covered and are not subject to the deductible.

May 6 2007 11:06:42

Texas

- Treatment of TMJ disorders are covered the same as any other illness.
- Formulas necessary for the treatment of phenylketonuria (PKU) are covered the same as any other illness.
- With respect to fees charged for covered expenses, reasonable and customary charges mean the most common charge for similar expenses within the area in which the expense is incurred, so long as these charges are reasonable. What is reasonable and customary will be determined by Golden Rule based on the factors stated in the certificate.
- Inpatient diagnosis or treatment of mental or nervous disorders or mental incapacity will be covered the same as any other illness, subject to the $3,000 lifetime maximum benefit and other terms of the policy. For example, as with any other illness or injury, inpatient treatment which is primarily for educational or rehabilitative care will not be covered.
- If a designated "Center of Excellence" is not used for a listed transplant, covered expenses will be reduced by 25 percent.
- A preexisting condition is an injury or illness for which the covered person received medical advice or treatment within the 12 months immediately preceding the effective date of coverage.
- Limited benefits are provided for the diagnosis and treatment of chemical dependency.
- "Medically necessary" is a defined term and means that a service, medicine, or supply is necessary and appropriate for the treatment of an illness or injury, as determined by Golden Rule, based on factors stated in the certificate.
- The Coordination of Benefits provision also takes into account personal injury protection coverage, whether provided under a group or individual contract.
- Childhood immunizations are not subject to the deductible.
- Dependent children are covered to age 25, regardless of independent student status.

Virginia

- A preexisting condition is an injury or illness for which the covered person received medical advice or treatment within the 12 months immediately preceding the effective date of coverage.

Wisconsin

- Covered expenses for all diagnoses or treatments of mental or nervous disorders and substance abuse are subject to the deductible and co-insurance, and will be limited to a maximum benefit of $7,000 or 30 days treatment, whichever is less. Outpatient treatment is further limited to a maximum benefit of $2,000.
- Limited coverage for nonsurgical treatment of TMJ is provided.
- The spine and back limitation does not apply.
- Covered child immunization services are not subject to the deductible.

Notice of Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE CAREFULLY.

You entrust us with individually identifiable health and financial information (referred to as "personal information" in the rest of this notice). You are our best and most important source of information about you and others listed on your application. We may also collect personal information about you from others, such as health care providers, employers, or insurance companies.

EXAMPLES OF INFORMATION WE MAY COLLECT AND MAINTAIN

Your name, address, telephone number, Social Security Number, date of birth, income, E-mail address, policy number, HSA account number and balance, policy coverage, premium payment, claims history, medical information, and motor vehicle reports.

INFORMATION WE ARE PERMITTED TO USE AND DISCLOSE WITHOUT AN AUTHORIZATION

We may use and share the personal information described above, but only as permitted or required by law. Examples include, but are not limited to, the following situations:

- To affiliates, but limited to transaction and experience information.
- To those who act on our behalf. They are required to keep the information confidential. They are required to use the information only to provide the services we have asked them to provide. They may include payment processing companies, mailing houses, data processing companies, business consultants, system support vendors, Internet vendors, and those that provide access to provider discounts for our insureds.
- To financial institutions with which we jointly offer, endorse, or sponsor a financial product or service.
- To the individual who is the subject of the information.
- For payment, such as using details received from an insurance company to coordinate benefits.
- For payment, such as to a health care provider to identify insurance coverage or benefits.
- For treatment, such as to your health care providers to help them provide medical care.
- For health care operations, such as exchanging information with another insurance company to detect or prevent criminal activity, fraud, and material misrepresentation.
- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- To a group health plan sponsor.
- For public health activities, such as to prevent or control disease, injury, or disability.
- To persons involved with your care, such as a family member, when you are incapacitated or in an emergency.
- To health oversight agencies for compliance purposes.
- In response to a court or administrative order.
- In response to a subpoena, discovery request, or other lawful process by another person involved in a dispute.
- For law enforcement purposes.
- To coroners, medical examiners, or funeral directors.
- To avert a serious threat to health or safety to you, another person, or the public.
- To federal officials for intelligence, counter- intelligence, and other national security activities.
- To Worker's Compensation or other programs that provide benefits for work-related injuries or illness.

ALL OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

All other uses and sharing of personal information, not permitted or required by law, will be made only with your written authorization. You may revoke the authorization in writing. If you do, we will no longer use or share the information for the reasons covered by the authorization — unless we have taken action based on the authorization. We are unable to withdraw any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

With respect to your personal info-rmation, you have the following rights:

- To view it during regular business hours and to obtain a copy of it.
- To request that we amend it. (We will notify you within 30 days of your request with our reason for any refusal. You may file a statement of your disagreement that we will keep in your file.)
- To receive written notice from us, if we amend it at your request. We will provide updates to all parties that have received information from us within the past 2 years (7 years for support organizations).
- To receive details about our sharing of it, including the types of sources it came from.

Additionally, with respect to your personal health information, you have the following rights:

- To request that we communicate with you about it by alternative means or at an alternative location if our sharing of all or part of it could endanger you.
- To request that we restrict the use and sharing of it. (We do not have to agree.)

Additional rights may be available under state law. There are some exceptions to these rights. Please send a written request to the address below.

FORMER CUSTOMERS

If your customer relationship with us ends, we will still treat your information as described in this notice.

SECURITY OF PERSONAL INFORMATION

We maintain physical, administrative, and technical safeguards to guard your information. We limit employee access to information based on job duties.

FAIR CREDIT REPORTING ACT NOTICE

In some cases, we may ask a consumer-reporting agency to compile an investigative consumer report about you. If we request such a 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.

MEDICAL INFORMATION BUREAU

We or our reinsurers may make a report of personal information in conjunction with our membership in the Medical Information Bureau (MIB). This is a nonprofit organization of life insurance companies, which operates an information exchange on behalf of its members.

If an application or claim for benefits is submitted to another Bureau member company for life or health insurance coverage, the Bureau, upon request, will supply such company with information in its file.

If you question the accuracy of information in the Bureau's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact the Bureau at:
MIB, Inc., P.O. Box 105, Essex Station, Boston,
MA 02112, 866-692-6901, *www.mib.com*

OUR DUTIES

We are required to keep your personal information private. We are providing this notice of our legal duties and privacy practices. We will abide by the terms of this notice as currently in effect.

If you believe your privacy rights have been violated, you may send a written complaint to the address below. You may also write to the Secretary of the Department of Health and Human Services. We will not take action against you for filing the complaint.

You will receive this notice each year. We reserve the right to change the terms of our notice. We reserve the right to make the new notice apply to all personal information that we maintain. We will send a new notice within 60 days of any material change. We will mail it to your last known address or send it by E-mail if you have agreed to electronic notice. For more information or to obtain a copy, please contact:

Golden Rule Insurance Company
Attn: Privacy Official
712 Eleventh Street
Lawrenceville, IL 62439
618-943-5064

This notice, effective June 2006, is being provided on behalf of *UnitedHealthcare, Inc., Golden Rule Insurance Company, All Savers Insurance Company*

To obtain an authorization for us to release your personal information to another party, please go to *goldenrule.com* and click on "Customer Service." Then select "Download Health Insurance Forms."

KEEP FOR YOUR RECORDS

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Why Choose Golden Rule?

Strength of UnitedHealthcare

A UnitedHealthcare Company, Golden Rule is proud to be a member of UnitedHealth Group — an innovative leader in the health and well-being industry that serves nearly 55 million individuals nationwide.*

In addition, Golden Rule health insurance plans give you access to an extensive national network of providers and discounts. This access can translate into significant savings on health insurance premiums and out-of-pocket costs.

Product Leadership and Expertise

Golden Rule has been a leader in the individual health market for nearly 60 years. Serving individuals and families is our focus. We have developed a unique understanding of the health insurance needs of individuals and families. A recognized pioneer — and one of the nation's leading providers — of Health Savings Account (HSA) plans, Golden Rule continues to seek new ways to build plans with the benefits you need at prices you can afford.

Service and Claims Satisfaction

At Golden Rule, we understand the critical importance of being responsive to the service needs of our customers.

We regularly monitor and improve your experience with Golden Rule from the application process through claims payment. That's why more than 94% of all health insurance claims are processed within 10 working days or less.** With Golden Rule, you can be confident that claims will be promptly processed.

* www.unitedhealthgroup.com
** Actual 2005 results

For questions or other information, please contact your insurance broker or visit

www.goldenrule.com

May 6 2007 11:06:42

Short Term Medical℠ may be perfect for those in times of transition:

- **Recent graduate or student no longer eligible under parents' insurance plan**
- **Between jobs or out of work**
- **Waiting for other coverage to begin**
- **Retired early and needing a bridge to Medicare eligibility**

World of FACT Value

These health insurance plans are available only to members of FACT. If you're not already a member, you must join FACT — it's easy and anyone can join!

World of FACT Value

FACT makes it possible for members to pick and choose from a full menu of important benefits:

- Dental Discounts — you can save up to 50% on general dental, x-rays, and orthodontics
- Vision discounts — typical savings of 20-60% for eye exams, eyeglasses, contact lenses, and LASIK correction surgery
- Prescription drug discounts
- Van line discounts
- Health insurance plans
- Consumer library
- Consumer hotline referral service
- Amusement park discounts
- Travel service and savings
- Informative newsletter

Plus …

- You may apply for: FACT scholarships, classroom grants, and community project grants
- You are eligible to request: Financial assistance in the event of a natural disaster
- You are kept aware of matters of importance through: FACT's Eye-On-Washington Reports

Benefits and suppliers change from time to time. For the most current information: Visit FACT's Web site at *www.fact-org.org* or call toll-free at 1-800-USA-FACT.

Short Term Medical℠ Application Checklist

1) Read the brochure carefully.

2) Read and understand the Instructions for Applying for Coverage.

3) Complete the Calculate Payment(s) section and choose your method of payment.

4) Complete the Application For Short Term Medical℠ Insurance.

5) Complete FACT Membership Enrollment Form.

6) Select your method of payment and complete the appropriate payment information:

–*Single Payment: Include check or money order OR fill out the Credit Card Authorization*

–*Monthly Payment: Fill out the Electronic Funds Transfer (EFT) Authorization*

7) Place a postal stamp if mailing back.

May 6 2007 11:06:42