



Broker Guide

Health Products for Individuals and Families

Connecticut and Delaware

Contains:

- Underwriting
- Medical List
- Height and Weight Charts
- Preferred Rating Criteria
- Application Instruction Checklist

Not For Consumer Use

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You Should be Aware of HIPAA

(Health Insurance Portability and Accountability Act of 1996)

This Federal law provides some people -- called Federally Eligible Individuals or "FEI" -- the right to obtain "portability plans." Portability plans are either state sponsored plans or health insurance from private insurers. In either case, a person entitled to a portability plan will be issued one without medical underwriting and without exclusions for preexisting conditions.

In order to be eligible for a portability plan, a person must:

- Have had 18 months of continuous prior health insurance coverage;
- Have been most recently covered under a group health plan, governmental plan, or church plan;
- Have elected and exhausted COBRA or any applicable state continuation right; and
- Not be eligible for any group health plan, Medicare or Medicaid, nor have any other health insurance coverage.

Much of the information contained in this Broker Guide does not apply to an FEI.

Eligibility

Who Is Eligible?

Applicants are eligible for coverage from birth through age 64 1/2. Eligible dependents include a lawful spouse and eligible children.

Eligible children must be unmarried and living with and financially dependent on the primary insured. They must be under 19 years of age or under 23 years of age if attending an accredited college on a full-time basis (age may vary by state).

If you have a situation in which children are living apart from a parent, as in the case of divorce, we may be able to offer the children coverage on the parent's policy. We will handle such situations on a case-by-case basis. There may be some additional underwriting information needed.

Children-only coverage -- A parent or legal guardian must complete the application and provide answers to medical questions for all children applying. The parent's or legal guardian's signature is required on the application. The youngest child listed on the application will be coded as the primary insured.

Other Insurance Coverage

Golden Rule strongly believes that managing utilization of medical care is important in reducing overall national health care costs. Sharing medical costs, through the deductible and coinsurance, is critical to avoid overutilization.

Golden Rule maintains specific underwriting guidelines regarding other medical coverage.

Generally, we will only issue our plans in addition to the following types of coverage:

- Student accident insurance
- Accident-only plans
- Dread disease policies (e.g., cancer)
- Coverage through Medicaid

All insurance plans, including the above, must be reported on the application.

Underwriting (A Brief Overview)

General Information

Each individual on the application is underwritten separately. A decision is made based on the information on the application as well as information received during the underwriting process.

If a health condition makes it impossible for coverage to be offered on any basis, the application is declined and a refund of the initial premium is sent to the payor. We may decline to insure one family member, but offer to cover others.

If a health condition or avocation makes it impossible to issue coverage "as applied for," Golden Rule may utilize riders.

Underwriting (continued)

Health Rating Classes

Health rating class is determined on a “per covered person” basis -- each family member is evaluated individually. Golden Rule uses 3 health rating classes:

- 1) **Tobacco** -- This includes any applicant who has used tobacco products, including smokeless tobacco, within the 12 months prior to application -- about 20% of adult applicants.
- 2) **Preferred** -- To be eligible for Preferred rates (a 10% discount), the applicant must be age 19 or older and applying as a Primary Insured or Spouse -- children are always rated Standard. Additionally, this class includes applicants who are generally healthy and lead a healthy lifestyle -- about 40% of adult applicants.
- 3) **Standard** -- This includes applicants who have not used tobacco within the 12 months preceding application but are not eligible or do not qualify for Preferred rates -- all children and about 40% of adult applicants.

How do you decide which health rating class an applicant belongs in?

You can make a reasonable determination by considering the applicant’s health and lifestyle.

First, determine if the applicant belongs in the **Tobacco** class by asking whether or not tobacco products have been used within the past 12 months. If the answer is “yes,” rate the applicant in the **Tobacco** class.

If the answer to the tobacco question is “no,” consider the applicant for the **Preferred** class. Many applicants will qualify. Although you cannot be 100% sure an applicant will qualify, you can make a reasonable determination by using your judgment and the following guidelines.

An applicant will not qualify for the **Preferred** class if he/she:

- 1) Is over or under the **Preferred** class height and weight chart guidelines (see chart).
- 2) Has a history of high blood pressure.
- 3) Has used tobacco products within the past 12 months.
- 4) Receives a medical exclusionary rider, whether temporary or permanent (does not include riders for minor conditions, previous C-section deliveries, avocation riders, or 1-year duration riders).

If the applicant answers “no” to the tobacco question and does not, in your opinion, qualify for the Preferred class, rate the applicant as **Standard**

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

To be eligible for Preferred rates, applicant’s weight must fall within the range for his or her gender and height.

Standard Build Charts

Note: For Preferred class premium rating, see page 2.

STANDARD HEALTH CLASS HEIGHT/WEIGHT CHART					
MALE		AGES 18 TO 45		AGES 46 AND OVER	
Height	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 - 353	170 - 341	342 - 366	
FEMALE		AGES 18 TO 45		AGES 46 AND OVER	
Height	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	

Other Notes:

- All builds assume the individual is fully clothed and wearing 1/2" heel shoes.
- "Standard" and "Acceptable" refer to build only.
- A build in the lower limit of "Standard" or the upper limit of "Acceptable" may require additional medical information.
- This chart is subject to change without notice.
- Whether a person in the "Acceptable" range will be insurable depends on other risk factors, such as hypertension. Even a person outside the "Standard" and "Acceptable" ranges has the right to apply. See the last paragraph under **Medical Conditions** on page 5.

Riders

The three types of riders Golden Rule utilizes are:

- 1) **Increased Deductible** -- The deductible is increased for all conditions for that individual. Increased deductibles are frequently used for individuals with well-controlled high blood pressure. For example, your applicant has a history of hypertension. The underwriter may place a rider that increases the deductible, for that individual only, by \$400. The premium remains the same.

Although the individual has a higher deductible to meet, expenses for cardiovascular conditions, including expenses for hypertension, can be considered for reimbursement and would count toward the deductible.

- 2) **Temporary** -- A temporary rider is a rider that is placed for a specific period of time, usually one to two years.
- 3) **Indefinite** -- Coverage is excluded for an indefinite period of time. There is no termination date for the rider.

The **most common** riders Golden Rule utilizes are:

- Asthma
- Back Disorders
- Cesarean Sections
- Cholesterol/Lipids
- Digestive Disorders
- Exclusion of the Prescription Card
- Female Disorders
- Hyperactivity
- Immunotherapy
- Increased Deductible Due to High Blood Pressure
- Psychological/Psychiatric Disorders

Note: Some states limit use of medical exclusionary riders. Contact your Marketing Service Center for specific information.

Foreign Residence and Travel

Coverage will not be issued to an applicant who has not resided in the U.S. for at least 12 months. A foreign applicant who intends to return to his or her native country, such as a student or a person employed by a foreign country or corporation, will not be accepted.

Coverage will not be issued if the applicant is planning foreign travel for an extended period of time.

Avocations

Certain avocations involve an accident hazard that must be considered when underwriting the health risk. Golden Rule chooses to exclude coverage for certain avocations which present the Company with an increased risk.

Medical Conditions

There are medical conditions that present an increased risk that Golden Rule is generally unwilling to assume. A number of these conditions are listed below (conditions may vary by state). This list is not all-inclusive.

- AIDS/HIV+
- Alcohol Abuse
- Alzheimer's
- Artificial Heart Valve
- Bipolar Disorders
- Cancer (certain types)
- Cerebral Palsy
- Cirrhosis of the Liver
- Congestive Heart Failure
- Coronary Artery Disease/
Bypass or Angioplasty
- Crohn's Disease
- Diabetes
- Down's Syndrome
- Drug Abuse or Treatment
- Eating Disorders
- Emphysema
- Heart Attack
- Hemophilia
- Hepatitis C
- Leukemia
- Multiple Sclerosis
- Muscular Dystrophy
- Organ Transplants
- Overweight or Underweight
- Rheumatoid Arthritis
- Schizophrenia
- Stroke
- Suicide Attempt
- Systemic Lupus
Erythematosus
- Ulcerative Colitis

Individuals contemplating surgery or hospitalization or who have undiagnosed ailments or symptoms indicating a potentially serious condition will not generally be accepted.

Everyone has the right to apply for coverage, regardless of vocation or health condition. You may use these guidelines and your experience to properly advise your clients when they may not be insurable. Nevertheless, you need to allow them to continue the application process if they desire to do so.

Plan Variations

Golden Rule offers several different health plans. Underwriting is based on an applicant's health history as well as the plan's structure and deductible requested. For instance, a higher deductible may require fewer medical riders.

Portability Plans (DE)

Portability Plans for Federally Eligible Individuals are written on a guarantee issue basis without preexisting condition exclusions.

Application Processing

Standard Procedures

Because it is necessary for us to clarify information on the application, we may contact an applicant by phone. We encourage you to explain this to your clients and ask for their cooperation.

It is standard practice to request a Blood Pressure Inquiry on all applicants who are currently being treated for or who have recently discontinued treatment for high blood pressure.

Underwriting will request an attending physician's statement on applicants aged 60 or older, having no previous health coverage or involuntarily replacing health coverage.

We may also request an amendment to the application if an answer is unclear or ambiguous.

Jet Issue

Applications can be underwritten quickly when they are completed in full and do not require additional medical information. These applications are generally approved and the policy mailed within six days of receipt.

Effective Date

For a mailed application, the effective date of coverage will be the date requested or the date the application is received in our office, whichever is the later. For an application submitted electronically, the earliest effective date is the day after Golden Rule receives the application. Our plans generally have an effective date for injury followed by a 14-day waiting period for illness. The 14-day waiting period is waived for applicants replacing prior coverage within 62 days, so long as the replacement information is disclosed on the Golden Rule application.

If no effective date is requested, Golden Rule will assign the date the application was received (or the next day for electronic applications) as the effective date.

Changes to Policy

Additions

Additions of eligible dependents, other than a newborn, to an existing plan require underwriting approval. A new application must be completed and submitted to the Company.

Coverage of Newborn Infants

A newborn infant is covered automatically for illness and injury if the parent is a covered person. Additional premium is required and must be received in our office within 90 days of the birth (may vary by state).

Deductible Changes

An insured may submit a written request to increase the plan deductible. Requests to lower the deductible require evidence of insurability. A new application must be submitted.

Completing the Application

The Insurance Application

Before asking your client to apply, please verify that you have current materials. Using outdated materials may cause an application to be rejected.

Because the application becomes part of the policy, applications with erasures or other alterations may be rejected. If the customer makes a mistake, the customer must initial the change.

You should not “field underwrite.” All medical information disclosed to you must be on the application.

In most states, the application should be personally completed and signed by the customer (and spouse, if applicable). Have your client use a black ballpoint pen (not a felt or nylon tip) to ensure the document will photocopy well. Applications completed in pencil will not be accepted.

Monthly Preauthorized Charge (P.A.C.) Plan

Golden Rule customers receive a bill for their premium approximately two weeks in advance of the due date if they have chosen to pay quarterly.

Customers wishing to make monthly payments may do so using the preauthorized charge (P.A.C.) plan. The person paying the premiums should complete and sign the P.A.C. form included with the health application. Golden Rule will then deduct the premium from the person's checking account each month.

If coverage is not approved, all deductions taken while the application is pending will be refunded.

Other Aspects of P.A.C.s

Customers may request a specific day of the month on which we will make deductions. Deductions may only be scheduled up to ten days after the premium due date. If no date is specified, the deduction will be made on the premium due date.

Health Insurance Certification

This is personal health insurance -- not employer-sponsored group. To be eligible, an applicant must certify that:

- He or she is not employed by an employer with 2-50 employees; or
- He or she is employed by an employer with 2-50 employees; however, the employer is not contributing to the premium payment.

This certification is included with the application.

Authorization

Your client should read the Authorization to Obtain and Disclose Information form and sign it. This form authorizes us to obtain medical records from the applicant's physician if necessary. (This authorization is not available in some states. In states where the authorization is not available, we will mail all Attending Physician Statements (APs) directly to the applicant.)

Notice of Information Practices

Please point this out to the customer and encourage the customer to read it.

Submitting the Application

Application Instruction Checklist for Your Client

Look

- Look at the quote for insurance. Double-check the plan choice and premium, and mark these appropriately on the application.

Review

- Review the current product brochure carefully, including any state variations found in the back of the brochure.

Complete

- Complete all questions on the application (and other necessary forms). Please print and use black ink. Include full details for all medical questions to which the applicant answered "Yes."
- If any answers on the application are incorrect, mark through the answer, then correct and initial. Please do not use white correction fluid.
- Sign and date the application -- please do not separate application pages.

Mail in the Enclosed Envelope

- Mail the completed, signed, and dated application together with other necessary forms.
- Mail the initial Payment Check. To verify the amount, check the quote or call us at 1-800-474-4467.
- Please mail within 3 days of the date signed. Applications received more than 15 days after the date signed will not be accepted.

Important Reminders When Submitting Applications

- Make sure you are properly licensed to market health insurance with Golden Rule in both the state where the application is signed and in the applicant's state of residence.
- Applications must be received within 15 days of the client's signature.
- Collect the initial premium.
 - 1) If the applicant wishes to pay monthly, we need:
 - a check for one month's premium;
 - a voided check or deposit slip; and
 - a P.A.C. form.
 - 2) If the applicant wishes to pay quarterly, we need:
 - a check for one quarter's premium.

Send the Application, Forms, and Premium to the Correct Office!

For Short Term MedicalSM

Golden Rule Insurance Company
Home Office
712 Eleventh Street
Lawrenceville, Illinois 62439-2395

All Other Products:

Golden Rule Insurance Company
Golden Rule Building
7440 Woodland Drive
Indianapolis, Indiana 46278-1719

Options for Lowering Premium

As health care costs increase and policies age, premium increases on insurance policies become necessary. Your clients have options to fight inflation and reduce their increase in premium.

Network

Clients may receive anywhere from a 10%-35% discount by switching to a network contract. Agreements with networks enable your clients to receive discounts on services performed.

Increase the Deductible

Increase the deductible on the policy to reduce the premium payment. Call your Marketing Service Center at 1-800-GRI-4INS to find out how much your client may reduce the premium on the policy.

Evaluate Optional Benefits

Another way to reduce premium payments is to remove optional benefits (such as supplemental accident or maternity) which the client does not currently need or use.

Choose a Basic PlanSM

Basic PlanSM -- No frills, catastrophic coverage for clients wanting an economical plan

The Basic PlanSM is health insurance for those clients who want coverage for only the most costly health care needs and do not want to spend money on unneeded coverage. The Basic PlanSM costs about 25% less than our other plans.

For health insurance service, call

1-800-GRI-4INS
(1-800-474-4467)

Then press 1.

Health options include:

- Press 1** **SUPPLY REQUESTS**
Supply requests for applications and rate books for the state in which you are appointed with Golden Rule. You will need your broker number.
- Press 2** **PREMIUM AND PAID-TO DATES**
Premium and paid-to date information. You will need the 9-digit identification number.
- Press 3** **APPLICATION STATUS**
Application status. You will need the 9-digit identification number.
- Press 4** **MARKETING SERVICE CENTER**
Transfers you to Marketing Service Representative.

E-Store – Electronic Application System

The POWER to close more business!

E-QUOTE

Self- & full-service client options -- clients can now compare plans side by side.

E-ASSISTANT

Automatic tracking & follow up system -- E-mail notification upon submitted app.

E-SUBMISSION

Go from quote to purchase in minutes -- applications are signed electronically.

- Increase Your Sales -- Invite clients to shop in your own personalized E-Store, with all the resources you need to quote, track, and follow up electronically.
- Save Time -- Your E-Assistant automatically tracks customers and ranks applications by their completion status, enabling you to prioritize your time.
- Enhance Client Satisfaction -- Your clients can browse, compare, and select a product at their convenience, submit an application, and pay -- all on-line.
- Reduce Expenses -- The E-Store can save money as well as time. While you're working on bringing in new business, your E-Store is "minding the store," and moving clients through the application process.
- View Account Information -- Check status of new business, access policyholder correspondence, and view commission statements on-line by registering for Electronic Funds Transfer (EFT) payments.

Get powered up @ www.goldenrule.com/estore
Or call with questions @ **800-GRI-4INS**

Visit our Web site at goldenrule.com

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