



Benefits designed with care

Explore your plan options for:

Accident Protection Plan

Critical Illness Protection Plan

Hospital Indemnity Protection Plan



Open enrollment

Dish Network, LLC

United
Healthcare

dish

Plan highlights



Accident Protection

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident insurance helps cover the added costs you may face following an injury.

How the plan works

If you have a covered injury during the plan year and submit a claim, the Accident Protection Plan will pay

you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. Plus, you don't have to meet a deductible to receive the money – and you can use the money any way you want.

- Benefits paid directly to you
- Group rates
- Convenient payroll deduction
- Guarantee issue coverage (no medical history questions to answer)
- Plan is portable
- Benefits are not affected by other insurance benefits



Critical Illness Protection

Enrolling in a UnitedHealthcare Critical Illness Protection Plan helps give you and your family more financial security if you or a covered family member is diagnosed with a covered illness.

How the plan works

The Critical Illness Protection Plan sends a lump-sum payment directly to you after diagnosis of a covered condition. The plan pays a lump-sum benefit for the diagnosis of a covered critical illness:

- 12 conditions including heart attack, stroke and cancer
- 6 additional conditions including Alzheimer's, Parkinson's and multiple sclerosis

- 6 child-only conditions including cerebral palsy, cystic fibrosis and Down syndrome

The money is yours to use however you want, including paying for:

- Out-of-pocket health plan costs (deductibles, coinsurance, etc.)
- Mortgage or rent
- Groceries
- Prescriptions
- Treatment by a specialist
- Transportation to and from treatment



Hospital Indemnity Protection

Even with health insurance, a hospital stay can mean big out-of-pocket costs and stress, especially if you have a high-deductible health plan. If you receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan will pay you directly in a single payment lump sum. Use the money any way you choose. This plan gives you the extra financial help you need so you can focus on feeling better.

Get a direct payment after hospital care

Covered hospital expenses include:

- Hospital admission

- Hospital confinement
- Intensive care unit (ICU) admission
- ICU confinement (For coverage details, see your official benefit plan documents)

Use the money any way you choose

Use your payments for:

- Health plan deductible and other costs, such as medications, rehabilitation and transportation
- Bills and living expenses
- Growing your savings account, even a Health Savings Account (HSA)



Accident Protection



Scan to learn more about your Accident Protection Plan.

Help protect yourself from the unexpected cost of an accident

Round out your health plan benefits with the Accident Protection Plan, which helps cover added costs you may face following an accident. The plan covers more than 80 injuries and care services, from burns and concussions to ambulance rides and rehabilitation. If you're injured during your plan year, the Accident Protection Plan will pay you a cash benefit—and you can use the money any way you want.

How Accident Protection works—an example

Matt was playing in his softball league when he tore a knee ligament and broke a wrist. His Accident Protection coverage provided the following benefits.

Initial care/hospital care	Payment
Ambulance (ground)	\$200
Emergency room visit	\$100
Initial physician visit	\$50
Total:	\$350

Follow-up care/common injuries	Payment
Diagnostic MRI exam	\$175
Wrist fracture treatment	\$600
Surgical ligament tear repair	\$400
Knee immobilizer	\$150
Follow-up physician visit	\$50
Physical therapy sessions (10 total)	\$25
Ankle boot	\$50
Total:	\$1,450



Total cash benefit paid to Matt

\$1,800

See specific coverage details in the Benefits Summary section of this guide.



Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist, and a Benefit Assistant will reach out if any medical claims may qualify for a benefit payout, so you can get your payment sooner.



Critical Illness Protection



Scan to learn more about your Critical Illness Protection Plan.

Get financial support during a serious illness

Experiencing a critical illness can be devastating to you, your family and your finances. The Critical Illness Protection Plan is designed to help ensure that should you or a covered family member be diagnosed with a covered critical illness – including heart attack, stroke and cancer – you’ll get a cash payment to use any way you want.

How Critical Illness Protection works – an example

Sharon was diagnosed with invasive cancer. Six months later, she had a stroke. Here’s a look at Sharon’s Critical Illness coverage benefits.

Coverage	Payout percentage	Payment
Invasive cancer	100%	\$10,000
Stroke	100%	\$10,000
Total:		\$20,000

See specific coverage details in the Benefits Summary section of this guide.

Total cash benefit paid to Sharon
\$20,000



Wellness benefit

Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$50* – for you and your covered spouse to use any way you’d like – just for completing screenings like blood tests, colonoscopies or stress tests.

*Check plan documents for details.



Scan to learn more about your Hospital Indemnity Plan.

Hospital Indemnity Protection

Help protect yourself from the high costs of hospital care

Even with health insurance, a hospital stay can mean big out-of-pocket costs. The Hospital Indemnity Protection Plan covers hospital admission, hospital confinement and intensive care unit confinement. You'll get a direct cash payment to use any way you choose – giving you extra financial help so you can focus on feeling better.

How Hospital Indemnity Protection works – an example

Clark suffered head and shoulder injuries in an accident and was taken by ambulance to the emergency room. Following an evaluation, Clark was admitted to the hospital for continued treatment of his injuries. Here is how his Hospital Indemnity coverage paid out over the plan year.

Hospital Indemnity Plan	Payment
Hospital admission (day 1)	\$1,000
ICU admission (day 1)	\$500
Hospital confinement (days 2-5)	\$400
ICU confinement (days 2-5)	\$400
Total:	\$2,300



Total cash benefit paid to Clark

\$2,300

See specific coverage details in the Benefits Summary section of this guide.

Benefit summaries



DISH Network, LLC
Summary of Benefits

Accident Protection Plan

Effective date	March 1, 2024
Eligibility	All active, full-time employees working a minimum of 30 hours per week. You must be actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
Benefits payable	
Plan design	24 Hour (Coverage is for accidents that happen on and off the job)
Portability	Included
Plan benefits	Voluntary coverage
Initial care	
Ground ambulance	\$200
Air ambulance	\$1,200
Emergency room treatment	\$100
Physician office/urgent care (per visit)	\$50
Hospital care	
Hospital admission	\$800
Hospital confinement	\$175
Hospital ICU admission	\$2,000
Hospital ICU confinement	\$500
Follow-up care	
Appliances benefit	
- Wheelchair	\$150
- Knee scooter	\$150
- Knee immobilizer	\$150
- Lumbar spine brace	\$150
- Walking boot	\$100
- Walker	\$100
- Crutches	\$100
- Leg brace	\$100
- Cervical collar	\$100
- Cane	\$50
- Ankle brace	\$50
- Ankle boot	\$50
- Air cast	\$50
Follow-up physician visit	\$50
Major diagnostic exam	\$175
Minor diagnostic exam	\$50
Prosthetic	
- One device	\$500
- Two or more devices	\$1,000
Rehabilitation facility (per day/up to 30 days)	\$100
Rehabilitation therapy (per visit/up to 10 visits)	\$25

Accident Protection Plan

Common injuries	
Abdominal/thoracic surgery	
- Surgery to repair	\$1,000
- Exploratory without repair	\$100
Cranial surgery	\$200
Eye surgery	
- Removal of foreign body	\$100
- Surgical repair	\$200
Hernia surgery	\$200
Arthroscopic surgery	\$200
Non-specific surgery	
- General anesthesia	\$200
- Conscious sedation	\$100
Tendon/ligament/shoulder cartilage/rotator cuff/knee cartilage surgery	
- Surgery to repair 1	\$400
- Surgery to repair more than 1	\$800
- Exploratory without repair	\$150
Blood/plasma/platelets	\$300
Burns	
- 2nd degree (at least 36% of body surface)	\$500
- 3rd degree (9 to 34 sq. inches)	\$1,000
- 3rd degree (35 or more sq. inches)	\$8,000
	Skin graft = 25% of burn benefit
Coma	\$10,000
Concussion	\$150
Lacerations	
- Greater than 15 cm	\$400
- 5 cm–15 cm	\$200
- Less than 5 cm	\$50
- Not requiring sutures	\$30
Paralysis	
- Quadriplegia	\$10,000
- Hemiplegia	\$5,000
- Paraplegia	\$5,000
Ruptured/herniated disc	\$400
Emergency dental work	
Crowns	\$200
Extractions	\$100
Medical supplies/over the counter (1 time/plan year)	\$10
Family child daycare (per day up to 30 days)	\$30
Lodging (per day up to 30 days)	\$150
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$200
Fractures	Open reduction/Closed reduction
- Skull (depressed, except bones of face or nose)	\$6,000/\$3,000
- Sternum	\$6,000/\$3,000
- Hip, thigh (femur)	\$6,000/\$3,000
- Skull (simple, except bones of face or nose)	\$3,000/\$1,500
- Leg (from top of tibia to ankle joint)	\$3,000/\$1,500
- Pelvis (excluding coccyx)	\$3,000/\$1,500
- Vertebrae (body of)	\$3,000/\$1,500
- Sacra/sacrum	\$1,500/\$750

Accident Protection Plan

Plan benefits	Voluntary coverage
- Face or nose (except teeth)	\$1,500/\$750
- Upper arm (elbow to shoulder)	\$1,500/\$750
- Upper jaw (except alveolar process)	\$1,500/\$750
- Ankle	\$1,200/\$600
- Foot (except toes)	\$1,200/\$600
- Forearm, hand, wrist (except fingers)	\$1,200/\$600
- Kneecap	\$1,200/\$600
- Lower jaw (except alveolar process)	\$1,200/\$600
- Shoulder blade or collarbone	\$1,200/\$600
- Vertebral process	\$1,200/\$600
- Coccyx	\$600/\$300
- Finger or toe	\$600/\$300
	chip fractures: 25% of amounts shown for closed reduction with anesthesia
Dislocations	Open reduction/closed reduction with anesthesia
- Hip	\$6,000/\$3,000
- Elbow	\$1,500/\$750
- Ankle	\$1,200/\$600
- Collarbone (sternoclavicular)	\$1,200/\$600
- Foot (except toes)	\$1,200/\$600
- Hand	\$1,200/\$600
- Knee cap (patella)	\$1,200/\$600
- Lower jaw	\$1,200/\$600
- Shoulder blade	\$1,200/\$600
- Wrist	\$1,200/\$600
- Collarbone (acromioclavicular separation)	\$600/\$300
- Finger or toe	\$600/\$300
Closed surgical reduction without anesthesia	25% of amount shown for closed reduction
Organized sporting activity injury	Increase amounts payable under follow-up care and common injuries sections by 25% up to \$10,000
Accidental death & dismemberment	
- Life	\$40,000
- Both hands or both feet	\$40,000
- One hand and one foot	\$40,000
- One hand or one foot	\$20,000
- Two or more fingers or toes	\$8,000
- One finger or one toe	\$4,000
Accidental death common carrier	
- Life	\$80,000 (Child benefit 50% of employee/spouse)
Monthly rates	
Benefits + rider(s) voluntary	
Employee	\$6.37
Employee + spouse	\$10.16
Employee + child(ren)	\$13.51
Employee + spouse + child(ren)	\$20.59

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHI-ACC-POL-TX(2018). UnitedHealthcare Insurance Company is located in Hartford, CT.

Accident Protection Plan

Important details

This Summary of Benefits sheet is an overview of the Accident Protection Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26.

Exclusions

The policy does not cover loss due to disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, participating in a riot or felony, war, drug use not prescribed by a physician, loss occurring while intoxicated or engaged in hazardous activities (including any kind of air diving/gliding/bungee jumping, off-road motor use or motor race, stunt driving or speed testing), travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats), engaging in semi-professional or professional sports. Injury on the job is only covered under the 24-hour option.*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the policy or the policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.*

* Some state variations may apply

Exclusions and limitations

We will not pay a benefit for a loss contributed to or caused by:

1. Sickness, disease, bodily or mental infirmity, or medical or surgical treatment of these (except pyogenic infections through an accidental wound)
2. Suicide or any loss which is intentionally self-inflicted
3. Active participation in a riot
4. Commission of or attempt to commit a felony; commission or attempting to commit a crime, or participating or attempting to participate in a crime; taking part in the commission of an assault or being engaged in an illegal activity
5. An act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military
6. Loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician; use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for you by a physician and taken as prescribed
7. Driving or in physical control of a motor vehicle while intoxicated
8. Engaging in hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette
9. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
10. Travel or flight in, or descent from any aircraft, except if employment duties require you to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on:
 - a) a scheduled route
 - b) a charter flight seating 15 or more people
11. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received
12. Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you or your dependent are entitled to benefits under any workers' compensation law, employers' liability law or similar law, unless this insurance is issued on an 24-hour basis
13. An accident that occurs outside of the United States

In addition to the exclusions shown above, no payment will be made for treatment received outside of the United States.

Critical Illness

Effective date	March 1, 2024
Eligibility	All active, full-time employees working a minimum of 30 hours per week. You must be actively at work with your employer on the day you apply for coverage and the date the coverage takes effect.

Covered critical illness conditions

Base conditions	Percentage of maximum benefit amount payable per covered person or dependent
Benign brain tumor	100%
Cancer - invasive	100%
Cancer - non-invasive	25%
Chronic renal failure	100%
Coma	100%
Coronary artery disease	25%
Heart attack	100%
Heart failure	100%
Major organ failure	100%
Permanent paralysis	100%
Ruptured aneurysm	100%
Stroke	100%
Additional Conditions	
Advanced Alzheimer's	100%
Advanced multiple sclerosis	100%
Advanced Parkinson's	100%
Amyotrophic lateral sclerosis (ALS)	100%
Complete blindness	100%
Complete loss of hearing	100%

Benefits payable

Voluntary benefits	Employee paid benefits		
	Option 1	Option 2	Option 3
Employee guarantee issue benefit	\$10,000	\$20,000	\$30,000
Spouse guarantee issue benefit	\$5,000	\$10,000	\$15,000
Child(ren) guarantee issue benefit	\$2,500	\$5,000	\$7,500

Employee must purchase coverage in order to purchase dependent coverage
 *Employee may choose from lower coverage options for spouse and child(ren)

Additional benefits

Reoccurrence benefit	100% of benefit amount for base conditions payable per covered person or dependent
Additional occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition
Wellness benefit rider	\$50, Employee paid for Employee & Insured Spouse

Critical Illness

Important details

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Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail. Dependent children are covered to age 26.

Exclusions

The policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony, war, use of alcohol or the non-medical use of drugs, while on active duty in any armed forces except under the policy's Continuation During Leave of Absence provision, cosmetic or elective surgery, or any critical illness with a date of diagnosis prior to the effective date.*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the policy; or benefits have been fully paid for qualifying conditions or the policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.

* Some state variations may apply

Exclusions and limitations

We will not cover a critical illness under the policy if it is due to:

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)
3. Any loss which is intentionally self-inflicted
4. Active participation in a riot
5. The covered person's (or dependent's) commission of or attempt to commit a felony, or to which a contributing cause was the covered person's (or dependent's) engagement in an illegal occupation
6. Loss sustained or contracted in consequence of the covered person's (or dependent's) being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician
7. Attempted suicide, while sane or insane

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail

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UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor

Critical Illness

We also will not pay a benefit for a critical illness:

1. For which the covered person's date of diagnosis for any type of critical illness, as defined in the policy, was prior to his effective date of insurance
2. That was diagnosed outside of the United States or Canada, unless the diagnosis was confirmed by a physician practicing within the United States or Canada

Cosmetic or elective surgery exclusion:

We will not cover a critical illness under the policy if it is due to cosmetic surgery or elective surgery. Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease; when intended to either improve function or create a normal appearance to the extent possible

Reconstructive surgery includes:

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

Elective surgery means:

1. Cosmetic surgery
2. Any other surgery that is:
 - a. Not for the purpose of correcting or repairing abnormal structures of the body
 - b. Not for the purpose of improving function
 - c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

For purposes of excluding benefits, elective surgery does not include:

1. Caesarean section
2. Any surgery related to complications of pregnancy
3. Bariatric surgery performed in conjunction with a diagnosis of morbid obesity

Critical Illness

The costs shown on these tables are based on the employee and spouse ages and tobacco status being the same. Any applicable age-related benefit reductions are included. Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

Option 1: EE \$10,000/SP \$5,000/CH \$2,500

Age range	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	Uni Tobacco	Uni Tobacco	Uni Tobacco	Uni Tobacco
Under 25	\$1.60	\$2.40	\$1.95	\$2.75
25-29	\$2.20	\$3.30	\$2.55	\$3.65
30-34	\$3.00	\$4.50	\$3.35	\$4.85
35-39	\$4.30	\$6.45	\$4.65	\$6.80
40-44	\$7.20	\$10.80	\$7.55	\$11.15
45-49	\$12.00	\$18.00	\$12.35	\$18.35
50-54	\$17.40	\$26.10	\$17.75	\$26.45
55-59	\$24.10	\$36.15	\$24.45	\$36.50
60-64	\$34.10	\$51.15	\$34.45	\$51.50
65-69	\$46.60	\$69.90	\$46.95	\$70.25
70-74	\$61.70	\$92.55	\$62.05	\$92.90
75+	\$87.10	\$130.65	\$87.45	\$131.00

Option 2: EE \$20,000/SP \$10,000/CH \$5,000

Age range	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	Uni Tobacco	Uni Tobacco	Uni Tobacco	Uni Tobacco
Under 25	\$3.20	\$4.80	\$3.90	\$5.50
25-29	\$4.40	\$6.60	\$5.10	\$7.30
30-34	\$6.00	\$9.00	\$6.70	\$9.70
35-39	\$8.60	\$12.90	\$9.30	\$13.60
40-44	\$14.40	\$21.60	\$15.10	\$22.30
45-49	\$24.00	\$36.00	\$24.70	\$36.70
50-54	\$34.80	\$52.20	\$35.50	\$52.90
55-59	\$48.20	\$72.30	\$48.90	\$73.00
60-64	\$68.20	\$102.30	\$68.90	\$103.00
65-69	\$93.20	\$139.80	\$93.90	\$140.50
70-74	\$123.40	\$185.10	\$124.10	\$185.80
75+	\$174.20	\$261.30	\$174.90	\$262.00

Option 3: EE \$30,000/SP \$15,000/CH \$7,500

Age range	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	Uni Tobacco	Uni Tobacco	Uni Tobacco	Uni Tobacco
Under 25	\$4.80	\$7.20	\$5.85	\$8.25
25-29	\$6.60	\$9.90	\$7.65	\$10.95
30-34	\$9.00	\$13.50	\$10.05	\$14.55
35-39	\$12.90	\$19.35	\$13.95	\$20.40
40-44	\$21.60	\$32.40	\$22.65	\$33.45
45-49	\$36.00	\$54.00	\$37.05	\$55.05
50-54	\$52.20	\$78.30	\$53.25	\$79.35
55-59	\$72.30	\$108.45	\$73.35	\$109.50
60-64	\$102.30	\$153.45	\$103.35	\$154.50
65-69	\$139.80	\$209.70	\$140.85	\$210.75
70-74	\$185.10	\$277.65	\$186.15	\$278.70
75+	\$261.30	\$391.95	\$262.35	\$393.00

Hospital Indemnity

The Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective date	March 1, 2024
Eligibility	All active, full-time employees working a minimum of 30 hours per week You must be actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
Benefits payable	
	Voluntary coverage
Plan design	HIPP HSA Plan
Coverage level	Base + Enhanced
Pre-existing conditions exclusion	None
Portability	Included
Plan benefits	
Hospital admission (1 day/plan year)	\$1,000
Hospital confinement (up to 364 days/plan year)	\$100
ICU confinement (up to 364 days/plan year)	\$100
ICU admission (1 day/plan year)	\$500
Inpatient drug and alcohol (up to 30 days/per plan year per insured with lifetime maximum of 300 days)	\$100
Inpatient mental and nervous disorders (up to 30 days/per plan year per insured with lifetime maximum of 300 days)	\$100
Wellness benefit rider	\$50
Monthly rate	
Base+enhanced plan - voluntary	
Employee only	\$10.55
Employee with spouse	\$28.73
Employee with children	\$24.61
Employee with spouse and children	\$45.82

Hospital Indemnity Protection Plan

Important details

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Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail. Dependent children are covered to age 26.

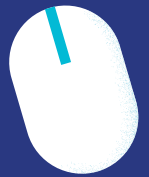
Exclusions and renewal provisions

Exclusions and limitations

This certificate does not cover any loss caused by or resulting from (directly or indirectly):

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)
3. Any loss which is intentionally self-inflicted
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony; taking part in the commission of an assault or being engaged in an illegal activity
6. Loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician; this exclusion does not apply to the drug and alcohol treatment benefit (inpatient) if covered under this policy
7. Treatment received outside the United States or its territories
8. The reversal of a tubal ligation or vasectomy
9. Artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician services, unless required by law
10. Participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
11. A newborn child's routine nursing or routine well-baby care during the initial confinement in a hospital
12. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
13. Mental and nervous disorders; this exclusion does not apply to the mental and nervous disorder treatment benefit (inpatient) if covered under this policy
14. Dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury, or (b) correct a disorder of normal bodily function
15. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Handy tips to get started!



With UnitedHealthcare, you've got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you.



Start by registering at myuhcfp.com



Click Member Log In. The first time you will need your Group ID and Group Name. If you do not have this information, please call Customer Service at **1-800-444-5854**.



Round out your coverage with a supplemental health plan that's designed to help you plan for the unexpected

Benefit Assist is here to help



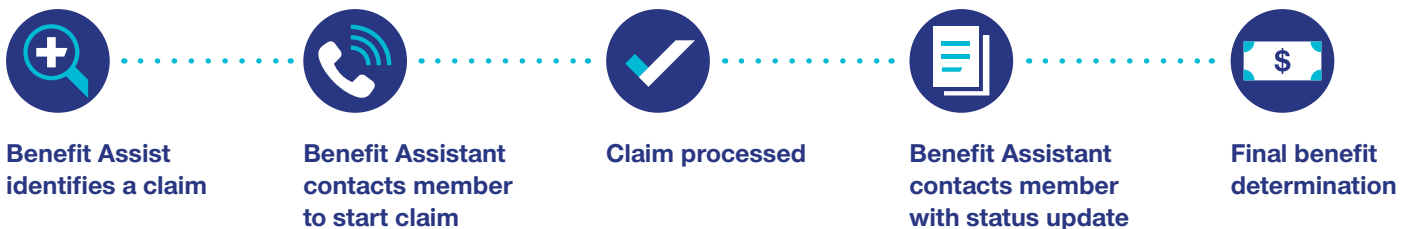
You can focus on your health while we handle the rest

If you're enrolled in a UnitedHealthcare health plan and a supplemental plan, such as Accident, Critical Illness or Hospital Indemnity, you have access to personalized support from Benefit Assist. Benefit Assist can help make the process easier and help you get paid faster by:

- Reviewing your eligible medical claims to see if you qualify for a benefit payout
- Notifying you if any medical claims qualify for a benefit payout from your supplemental plan
- Connecting you with a claims specialist who will walk you through the process of submitting a supplemental plan claim

This service is available at no additional cost as part of your medical and supplemental plan benefits.

How does it work?



There's no obligation to use Benefit Assist to file your supplemental health plan claim. You have the option to submit your own claim by calling the number below.

Call 1-866-556-8298

Monday–Friday, 8 a.m.–6 p.m. ET.

Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika.

Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

يؤخذ على تدع اسما لم تا مدخ ناف، (Arabic) ةيبرعلا ثدحتت تنك اذا: ةيبنت
ىلع جردملا يناعملا فتاهل مقرب لاصتال اىجرى. لكل ةحاتم ةيناعملا
كئب تصاخلا فيرعتلا ةق اطب

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

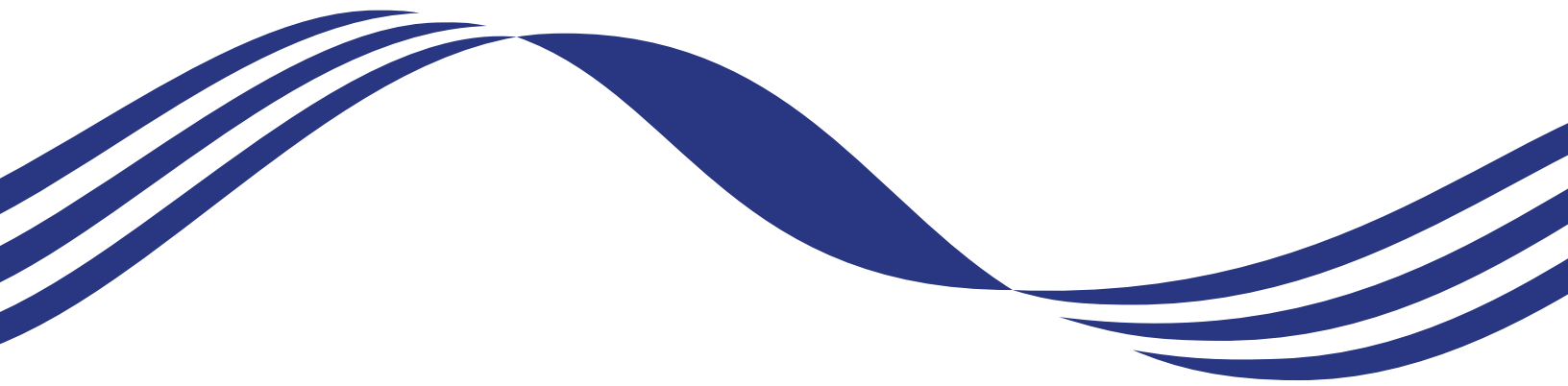
ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.



United
Healthcare



Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

United Healthcare Accident Protection product is provided by United Healthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POLTX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

United Healthcare Critical Illness product is provided by United Healthcare Insurance Company on form UH ICI-POL-1 et al., in Texas on UH ICI-POL-1 and in Virginia on UH ICI-POL-1-V.A. Critical Illness coverage is NOT considered minimum essential coverage under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered minimum essential coverage under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. United Healthcare Insurance Company is located in Hartford, CT .

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy. For more details, contact your broker or UnitedHealthcare sales representative.