



**Explore your supplemental
protection plans**

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Review your supplemental benefits

These plans pay lump sums directly to you with no restrictions on how the money is spent.

- **Accident Protection** pays cash benefits for covered injuries
- **Critical Illness Protection** pays cash benefits if you're diagnosed with a covered condition
- **Hospital Indemnity Protection** pays cash benefits after a covered hospital stay and related expenses

Benefits	Accident Protection	Critical Illness Protection	Hospital Indemnity Protection
You pay the premium	✓	✓	✓
Get paid for doing health screenings	✓	✓	✓
No deductible to meet to receive your benefits <ul style="list-style-type: none"> • Simply submit a claim form with copies of your receipts for covered items — you can call a claim specialist if you need help 	✓	✓	✓
Save or spend the money any way you choose. Use it to: <ul style="list-style-type: none"> • Cover your health plan deductible and other out-of-pocket costs, like medications, rehabilitation and transportation • Pay your bills and other living expenses • Grow your savings account or your health savings account (HSA) 	✓	✓	✓
Wellness Benefit of \$50	✓	✓	✓
Portable: You can take the plan with you if you change jobs or retire	✓	✓	✓



Enroll during annual enrollment

Life is full of unexpected events. Complement your health plan with extra protection — and feel more prepared to handle what comes your way.

For more coverage detail

See your summary of benefits and official plan documents



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 a covered 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 Option A	Payment
Ambulance (ground)	\$200
Emergency room visit	\$200
Initial physician visit	\$100
Total:	\$500

Follow-up care/common injuries Option A	Payment
Diagnostic MRI exam	\$250
Wrist fracture treatment	\$1,200
Surgical ligament tear repair	\$500
Leg brace	\$100
Follow-up physician visit	\$100
Physical therapy sessions (10 total)	\$250
Total:	\$2,400

 Total cash benefit paid to Matt

\$2,900

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



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 per person for you and your spouse* – to use any way you'd like – just for completing screenings such as blood tests, colonoscopies or stress tests.

* If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.



Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. A Benefit Assistant will reach out if any medical claims may qualify for a supplemental health 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 \$10,000 plan	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.



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Hospital Indemnity Protection



Scan to learn more about your Hospital Indemnity Protection Plan.

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, intensive care unit admission 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

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 Protection Plan	Payment
Hospital admission* (day 1)	\$1,000
Hospital confinement (days 2-5)	\$400
Total	\$1,400



* Admission to a hospital for at least 20 hours for which a full day's room and board charge is made. Does not include an emergency room admission, any outpatient treatment or any stay in an observation unit when there is no charge for room and board.



Wellness benefit

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

* If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.



Benefit Assist

For a faster benefit payout

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



Scan to learn more about your Accident Protection Plan.

Summary of Benefits – EchoStar Accident Protection Plan

Effective date	Jan. 1, 2025	
Eligibility	All active full-time employees working a minimum of 30 hours per week.	
Plan design	24 hour (Coverage is for accidents that happen on and off the job.)	
Portability	Included	
Telephonic claim submission	Included	
Plan benefits	Low Option	High Option
Initial care		
Ground ambulance	\$200	\$300
Air ambulance	\$1,200	\$1,200
Emergency room treatment	\$200	\$200
Physician office/urgent care (per visit)	\$100	\$100
Hospital care		
Hospital admission	\$800	\$1,000
Hospital confinement	\$175	\$200
Hospital ICU confinement	\$500	\$500
Hospital ICU admission	\$2,000	\$2,000
Follow-up care		
Appliances benefit		
- Wheelchair	\$150	\$200
- Knee scooter	\$150	\$200
- Knee immobilizer	\$150	\$200
- Lumbar spine brace	\$150	\$200
- Walking boot	\$100	\$200
- Walker	\$100	\$200
- Crutches	\$100	\$200
- Leg brace	\$100	\$200
- Cervical collar	\$100	\$200
- Cane	\$50	\$100
- Ankle brace	\$50	\$100
- Ankle boot	\$50	\$100
- Air cast	\$50	\$100
Follow-up physician visit	\$100	\$100
Major diagnostic exam	\$250	\$250
Minor diagnostic exam	\$100	\$200
Prosthetic		
- 1 device	\$500	\$750
- 2 or more devices	\$1,000	\$1,500
Rehabilitation facility (per day/up to 30 days)	\$100	\$200
Rehabilitation therapy (per visit/up to 10 visits)	\$25	\$25

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.

continued

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Summary of Benefits | Accident Protection Plan

Plan benefits	Low Option	High Option
Common injuries		
Abdominal/Thoracic surgery		
– Surgery to repair	\$1,000	\$2,000
– Exploratory without repair	\$100	\$200
Cranial surgery	\$1,000	\$2,000
Eye surgery		
– Removal of foreign body	\$200	\$300
– Surgical repair	\$200	\$300
Hernia surgery	\$200	\$200
Arthroscopic surgery	\$300	\$400
Non-specific surgery		
– General anesthesia	\$300	\$400
– Conscious sedation	\$150	\$200
Tendon/Ligament/Shoulder cartilage/ Rotator cuff/Knee cartilage surgery		
– Surgery to repair 1	\$500	\$750
– Surgery to repair more than 1	\$800	\$1,000
– Exploratory without repair	\$150	\$150
Blood/Plasma/Platelets	\$300	\$400
Burns		
– 2nd degree (at least 36% of body surface)	\$500	\$1,000
– 3rd degree (9 to 34 sq. inches)	\$2,500	\$4,000
– 3rd degree (35 or more sq. inches)	\$8,000	\$10,000
		Skin graft = 25% of burn benefit
Coma	\$10,000	\$10,000
Concussion	\$200	\$400
Lacerations		
– Greater than 15 cm	\$400	\$400
– 5 cm – 15 cm	\$200	\$200
– Less than 5 cm	\$50	\$100
– Not requiring sutures	\$30	\$50
Paralysis		
– Quadriplegia	\$15,000	\$20,000
– Hemiplegia	\$7,500	\$10,000
– Paraplegia	\$7,500	\$10,000
Ruptured/Herniated disc	\$500	\$1,000
Emergency dental work		
– Crown(s)	\$200	\$200
– Extraction(s)	\$100	\$100
Medical supplies/Over the counter (1 time/plan year)	\$20	\$30
Family child daycare (per day up to 30 days)	\$45	\$60
Lodging (per day up to 30 days)	\$150	\$200
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$300	\$400
Pain Management / Epidural (one time per covered accident)	\$50	\$100

Summary of Benefits | Accident Protection Plan

Plan benefits	Low Option	High Option
Fractures	Open reduction / Closed reduction	
- Skull (depressed, except bones of face or nose)	\$6,000/\$3,000	\$6,000/\$3,000
- Sternum	\$6,000/\$3,000	\$6,000/\$3,000
- Hip, thigh (femur)	\$6,000/\$3,000	\$6,000/\$3,000
- Skull (simple, except bones of face or nose)	\$3,500/\$1,500	\$4,000/\$2,000
- Leg (from top of tibia to ankle joint)	\$3,500/\$1,500	\$4,000/\$2,000
- Pelvis (excluding coccyx)	\$3,500/\$1,500	\$4,000/\$2,000
- Vertebrae (body of)	\$3,500/\$1,500	\$4,000/\$2,000
- Sacral/Sacrum	\$1,500/\$750	\$1,800/\$900
- Face or nose (except teeth)	\$1,500/\$750	\$2,000/\$1,000
- Upper arm (elbow to shoulder)	\$1,500/\$750	\$2,000/\$1,000
- Upper jaw (except alveolar process)	\$1,500/\$750	\$2,000/\$1,000
- Ankle	\$1,200/\$600	\$1,200/\$600
- Foot (except toes)	\$1,200/\$600	\$1,200/\$600
- Forearm, hand, wrist (except fingers)	\$1,200/\$600	\$1,200/\$600
- Kneecap	\$1,200/\$600	\$1,200/\$600
- Lower jaw (except alveolar process)	\$1,200/\$600	\$1,200/\$600
- Shoulder blade or collarbone	\$1,200/\$600	\$1,200/\$600
- Vertebral process	\$1,200/\$600	\$1,200/\$600
- Coccyx	\$600/\$300	\$1,000/\$500
- Finger or toe	\$600/\$300	\$600/\$300
	Chip fractures: 25% of amounts shown for closed reduction	
Dislocations	Open reduction / Closed reduction	
- Hip	\$6,000/\$3,000	\$6,000/\$3,000
- Elbow	\$1,500/\$750	\$1,500/\$750
- Ankle	\$1,200/\$600	\$2,000/\$1,000
- Collar bone (sternoclavicular)	\$1,200/\$600	\$2,000/\$1,000
- Foot (except toes)	\$1,200/\$600	\$2,000/\$1,000
- Hand	\$1,200/\$600	\$1,200/\$600
- Kneecap (patella)	\$2,000/\$1,000	\$4,000/\$2,000
- Lower jaw	\$1,200/\$600	\$1,200/\$600
- Shoulder blade	\$1,200/\$600	\$1,200/\$600
- Wrist	\$1,200/\$600	\$1,200/\$600
- Collarbone (acromioclavicular separation)	\$600/\$300	\$1,000/\$500
- Finger or toe	\$600/\$300	\$600/\$300
Organized sporting activity injury	Increase amounts payable under follow-up care and common injuries sections by 25%	
Additional benefits - Wellness benefit rider	\$50 employee and insured spouse	

Important details

This Summary of Benefits sheet is an overview of the Accident Protection Plan 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.

The Employee must be enrolled in coverage in order for dependent coverage to be available.

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.

Accident Protection Plan exclusions

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

1. Disease, bodily or mental infirmity, or medical or surgical treatment of these (except pyogenic infections through an accidental wound)
2. Suicide or intentionally self-inflicted injury
3. Active participation in a riot
4. Committing or attempting to commit a crime, or participating or attempting to participate in a crime
5. Taking part in the commission of an assault or being engaged in an illegal activity
6. An act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military
7. 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
8. Driving or in physical control of a motor vehicle while intoxicated
9. Engaging in hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette, autoerotic
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
11. 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; or b) a charter flight seating 15 or more people
12. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received
13. 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 a 24-hour basis
14. 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.



Scan to learn more about your Critical Illness Protection Plan.

Summary of Benefits – EchoStar

Critical Illness Protection Plan

Effective date	Jan. 1, 2025
Eligibility	All active full-time employees working a minimum of 30 hours per week.
Base conditions only	
Cancer conditions	Maximum Benefit Amount Payable per Insured
Cancer – invasive	100%
Cancer – non-invasive	25%
Skin cancer	\$250
Vascular conditions	
Heart attack	100%
Coronary artery disease major (Coronary Artery Bypass Surgery)	100%
Sudden cardiac arrest	100%
Stroke	100%
Ruptured aneurysm	100%
Organ failure conditions	
Chronic renal (kidney) failure**	100%
Heart failure**	100%
Major organ failure (liver, lung, pancreas, small bowel)	100%
Functional loss conditions	
Paralysis	100%
Coma	100%
Loss of hearing accident and sickness**	100%
Loss of sight accident and sickness**	100%
Infectious disease conditions	
Coronavirus (3 or more days of hospitalization)	\$1,000
Infectious disease with confinement (5 or more days)*	25%
Neurological disease conditions** (diagnosis only)	
Alzheimer’s disease	25%
Multiple sclerosis	25%
Parkinson’s disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Advanced Neurological Disease Conditions** (loss of ADLs)	
Advanced Alzheimer’s disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson’s disease	100%
Advanced Amyotrophic Lateral Sclerosis (ALS)	100%
Base Covered Conditions/Additional conditions	
Benign Brain Tumor	100%

*Cerebrospinal meningitis (bacterial), diphtheria, encephalitis, Legionnaire’s disease, Lyme disease, malaria, methicillin-resistant staphylococcus aureus (MRSA), necrotizing fasciitis, osteomyelitis, poliomyelitis, rabies, tetanus, tuberculosis

**Not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Childhood disease conditions**	
Cerebral palsy	25% of the Dependent Child benefit
Cleft lip/palate	25% of the Dependent Child benefit
Cystic fibrosis	25% of the Dependent Child benefit
Down syndrome	25% of the Dependent Child benefit
Congenital heart disease	25% of the Dependent Child benefit
Childhood diabetes	25% of the Dependent Child benefit
Muscular dystrophy	25% of the Dependent Child benefit
Sickle cell anemia	25% of the Dependent Child benefit
Spina bifida	25% of the Dependent Child benefit
Additional benefits	
Wellness benefit exams	\$50
Wellness benefits covered exams	
<ul style="list-style-type: none"> • Antibody or serology testing • At-Home Screening tests for colon cancer • Biopsy • Blood test for cholesterol • Blood test for triglycerides • Biometric screenings • Bone density scans • Bone marrow testing • Breast MRI • Breast ultrasound • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) • Chest x-ray • Colonoscopy • Complete blood count • Doppler screening for abdominal aorta • Doppler screening for carotids • Doppler screening for peripheral vascular disease • Echocardiogram • Electrocardiogram • Endoscopy • Fasting blood glucose test • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy • Hemocult stool analysis 	<ul style="list-style-type: none"> • Hemoglobin A1C (HbA1c) • HPV testing • Lipid panel • Mammography • Monoclonal antibody therapy • Pap smear • PSA (blood test for prostate cancer) • Serum cholesterol test to determine level of HDL and LDL • Serum protein electrophoresis (blood test for myeloma) • Stress test on a bicycle or treadmill • Thermography • ThinPrep pap test • Virtual colonoscopy • Wellness fair screening • Whole body skin cancer screening
Benefit paid upon completion of a covered wellness exam or health screening test; one covered test per calendar year.	

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	\$10,000	\$20,000	\$30,000
Child(ren) guarantee issue benefit	\$10,000	\$20,000	\$40,000
Employee must purchase coverage in order to purchase dependent coverage Dependent benefits cannot exceed the Employee benefit amount			

**not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Additional benefits	
Recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months. No treatment-free requirement.
Additional occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition
Cancer recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a Cancer Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months.
Cancer recurrence treatment-free requirement	None
Portability	Included
Additional occurrence - separation period	None
Pre-existing condition exclusion	Waived
Health Screening Benefit (Wellness Benefit)	\$50 Payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and child.

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.

The Employee must be enrolled in coverage in order for dependent coverage to be available.

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.

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 intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician
7. Cosmetic or elective surgery
8. Attempted suicide, while sane or insane

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



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Summary of Benefits – EchoStar



Scan to learn more about your Hospital Indemnity Protection Plan.

Hospital Indemnity Protection Plan

Effective date	Jan. 1, 2025
Eligibility	All active full-time employees working a minimum of 30 hours per week.
Pre-existing conditions exclusion*	None
Portability	Included
Maternity	Included without a waiting period
Base + Enhanced Plan Benefits	Option 1
Hospital admission (up to 3 days/plan year)	\$1,000
Hospital confinement (up to 29 days/plan year)	\$100
ICU confinement (up to 29 days/plan year)	\$100
ICU admission (up to 3 days/plan year)	\$1,000
Inpatient drug and alcohol (up to 30 days/plan year)	\$100
Inpatient mental and nervous disorder (up to 30 days/plan year)	\$100
Inpatient rehab/therapy (up to 30 days/plan year)	\$100
Wellness Benefit Rider (enrolled employee and spouse)	\$50

*Pregnancy at the time of annual enrollment will not be covered.

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.

The Employee must be enrolled in coverage in order for dependent coverage to be available.

Benefits for a dependent’s congenital defects or anomalies (such as, but not limited to, cleft lip or palate) are not subject to pre-existing condition or waiting period restrictions.

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.

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 intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony

6. Taking part in the commission of an assault or being engaged in an illegal activity
7. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; this exclusion does not apply to the drug and alcohol treatment benefit (inpatient) if covered under this policy
8. Cosmetic or elective surgery; or except for cosmetic surgery performed on a dependent who is a child, to correct a congenital defect or anomaly
9. Treatment received outside the United States or its territories
10. The reversal of a tubal ligation or vasectomy
11. Artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician services, unless required by law
12. 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
13. A newborn child's routine nursing or routine well-baby care during the initial confinement in a hospital
14. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
15. Mental and nervous disorders; this exclusion does not apply to the mental and nervous disorder treatment benefit (inpatient) if covered under this policy
16. 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
17. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

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; or bariatric surgery performed in conjunction with a diagnosis of morbid obesity

UnitedHealthcare Hospital Indemnity Protection 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. UnitedHealthcare Insurance Company is located in Hartford, CT.

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**United
Healthcare®**

ECHOSTAR



Monthly rates

Accident, Critical Illness and Hospital Indemnity rates

Coverage is voluntary and must be elected. Biweekly rates are shown below:

Accident	United Healthcare	
Tier	Option 1	Option 2
Employee Only	\$6.37	\$11.09
Employee + Spouse	\$10.16	\$20.19
Employee + Child(ren)	\$13.51	\$23.61
Employee + Family	\$20.59	\$29.35

Hospital indemnity	United Healthcare
Tier	Option 1
Employee Only	\$10.55
Employee + Spouse	\$28.73
Employee + Child(ren)	\$24.61
Employee + Family	\$45.82



Monthly rates

Critical Illness

Coverage is voluntary and must be elected. Monthly rates are shown below:

Rate Type- Employee/Spouse Voluntary Benefit	Age Banded Uni-Tobacco rates per \$1,000	
Rate Type-Child(ren) Voluntary Benefit	Composite Rate per \$1,000	
Critical Illness Protection Plan		
Monthly Rate - Employee	Age Range	Uni-Tobacco
	Under 25	\$0.148
	25-29	\$0.204
	30-34	\$0.278
	35-39	\$0.339
	40-44	\$0.668
	45-49	\$1.113
	50-54	\$1.614
	55-59	\$2.235
	60-64	\$3.162
	65-69	\$4.322
	70-74	\$5.722
75+	\$8.078	
Monthly Rate - Spouse (Spouse age and smoker status are based on Employee age and smoker status)	Age Range	Uni-Tobacco
	Under 25	\$0.139
	25-29	\$0.195
	30-34	\$0.269
	35-39	\$0.449
	40-44	\$0.649
	45-49	\$1.066
	50-54	\$1.539
	55-59	\$2.105
	60-64	\$3.042
	65-69	\$4.182
	70-74	\$5.564
75+	\$7.447	
Monthly Rate - Child(ren)		\$0.130

Supplemental health plans that help protect your health too*

Your UnitedHealthcare Supplemental Health Plans include a wellness benefit that helps pay for preventive care and other health screenings.

To earn the wellness benefit, complete at least 1 of these screenings or tests:

- ✓ Blood test for breast cancer (CA 15-3)
- ✓ Blood test for colon cancer (CEA) Blood test for myeloma (serum protein electrophoresis) Blood test for ovarian cancer (CA 125) Blood test for prostate cancer (PSA) Blood test for triglycerides
- ✓ Bone marrow testing
- ✓ Breast ultrasound
- ✓ Chest X-ray
- ✓ Colonoscopy
- ✓ Fasting blood glucose test
- ✓ Flexible sigmoidoscopy
- ✓ Hemocult stool analysis
- ✓ Mammogram
- ✓ Pap smear
- ✓ Serum cholesterol test to determine level of HDL and LDL
- ✓ Stress test on a bicycle or treadmill
- ✓ Thermography
- ✓ Virtual colonoscopy

Program rules

- The benefit will only pay for 1 test each calendar year, regardless of the test results. The benefit is paid in addition to any other payments you and/or your covered spouse and/or child(ren) receives under the policy.
- If you are enrolled in a EchoStar medical plan, we will review your eligible medical claims to determine a benefit payout and mail a check to your address on file.
- If you are not enrolled in a EchoStar medical plan or would like to submit your own claim, please call **1-800-444-5854** to initiate your claim.

Each calendar
year, you
could earn:
\$50

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. We are here to help make filing your claim easier. Built for simplicity and speed, the supplemental health website offers self-service access to your claims — from any device.

- 1 Register at myuhcfp.com
- 2 Click *Member Log In*.
The first time, you will need your Group ID **306625** and Group **EchoStar**. If you do not have this information, please call Customer Service at **1-800-444-5854**.

At myuhcfp.com you can:

- Access supplemental health claims information 24/7
- Initiate claims or update existing claims
- View claims correspondence
- Track claims status and payment history
- Update banking info

Benefit Assist is here to help



You can focus on your health while we handle the rest

If you're enrolled in a EchoStar 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 may 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?



**Benefit Assist
identifies a claim**



**Benefit Assistant
contacts member
to start claim**



Claim processed



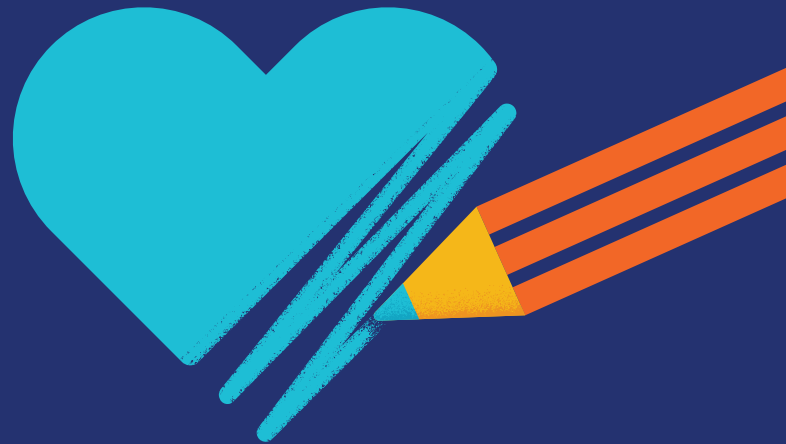
**Final benefit
determination**

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 1-800-444-5854

Monday–Friday, 8 a.m.–8 p.m. ET

Easy steps to file a manual claim



Follow these steps if you have a UnitedHealthcare Accident, Critical Illness or Hospital Indemnity Plan.



Steps to file a claim

Use the informational checklist below to gather the required information to start the claim process. Have this information ready when you call us. If someone makes the call for you, he or she will need to provide this information on your behalf. Call us toll free at **1-800-444-5854**. Hours of operation are Monday–Friday, 8 a.m.–8 p.m. ET.

Information checklist

- ✓ Employer's name and location
- ✓ Your full name and Social Security number
- ✓ Your complete address and phone number
- ✓ Date of birth
- ✓ Marital status and number of dependents
- ✓ Last day you worked
- ✓ Details of medical event
- ✓ Physician's name, address and phone number
- ✓ Date(s) of treatment

After receiving all the completed paperwork, we will:

- ✓ Inform you by phone or letter within 5 business days that we are reviewing everything
- ✓ Ensure your claim receives a thorough, fair and objective evaluation
- ✓ Send benefit payment to you upon approval, if it applies; if your claim is not approved, a claim specialist will inform you by phone and letter

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: ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint forms are available at

hhs.gov/civil-rights/filing-a-complaint/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 do not 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.

تويوغللا تدعاسمال تامدخ ناف، (Arabic) ةيبرعلا ثدحتت تنك اذا: ميبنت
ىلع جردملا يناجمل افتالما مقرب لاصتالا ىجرى. لكل ةحاتم ةيناجملا
لكب تصاخلا فيبرعتلا ةقراطب.

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 yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jííik'eh, bee ná'ahóót'i'. T'áá shqoqí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jííik'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.



UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018), et al., in Texas on form UHI-ACC-POL-TX (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 are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Critical Illness Protection plan is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1, et al., in Texas on UHICI-POL-1 and in Virginia on UHICI-POL-1_VA. 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 plans are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity Protection plan is provided by UnitedHealthcare Insurance Company on form 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 plan 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 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 plans are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

Benefit Assist support requires members to be enrolled in a health plan and supplemental health plan (Accident, Critical Illness or Hospital Indemnity) from UnitedHealthcare. Benefit payments associated with a Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare sales representative.

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.