### **UnitedHealthcare Voluntary Insurance**

Accident, Critical Illness, and Hospital Indemnity Insurance

## St. Raphael Health Plan



20-409451 El20445654

# A health crisis often results in expensive medical bills



With the average medical plan deductible rising each year, many employees may have trouble covering unexpected costs. 45% of those under the age of 65 can't afford an unexpected bill of \$5001 Accident Insurance Critical Illness Insurance Hospital Indemnity Insurance

Can help with high cost of health care deductibles and unexpected costs.

These benefits pay you cash!

<sup>1</sup> Kaiser Family Foundation (KFF) poll. February 2020.

#### Help in case you're injured in an accident

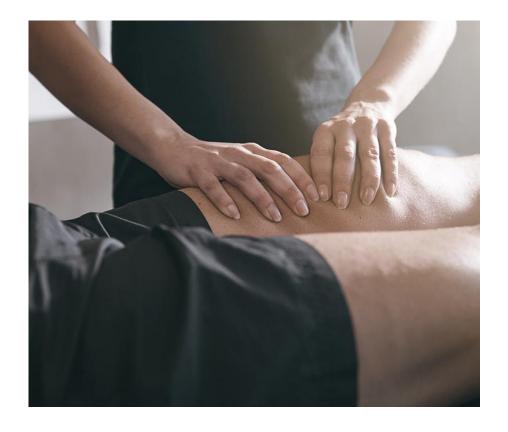
Spend the money any way you choose \$50 for health screenings (one time per year)

#### **Organized Sports Benefit – Children & Adults**

#### **Covered injuries and services include:**

Accidental death	Dismemberment
Doctor and hospital care	Ambulance services
Emergency room treatment	Burns
Concussions	Fractures
Dislocations	Surgery
Rehabilitation	Lacerations

Cost – \$1.37 per week for employee coverage and \$3.98 per week for family coverage.







Benefits Payable*	Maximum Amount Payable per Insured
*All Benefits are payable once per covered accident unless otherwise noted	
Accidental Death & Dismemb	erment (Spouse Benefit is 100% of EE; Child benefit 50% of EE)
Death & Dismemberment	
- Life	\$20,000
<ul> <li>Both hands or both feet</li> </ul>	\$20,000
<ul> <li>One hand and one foot</li> </ul>	\$20,000
<ul> <li>One hand or one foot</li> </ul>	\$10,000
- Two or more fingers or toes	\$4,000
- One finger or one toe	\$2,000
Common Carrier	
- Life	\$80,000
Initial Care	
Ground Ambulance	\$200
Air Ambulance	\$1,200
Emergency Room Treatment	\$100
Physician Office/Urgent Care (1 per covered accident)	\$100
Hospital Care	
Hospital Admission (1 per covered accident)	\$1,000
Hospital Confinement (up to 365 days per year)	\$175
Hospital ICU Admission (1 per covered accident)	\$2,000
Hospital ICU Confinement (up to 30 days per year)	\$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 (5	650
per covered accident)	\$50
Major Diagnostic Exam (1 per	
plan year)	
- MRI; CT; PET; EEG;	\$175
ImPACT; or SPECT scan	ψ175
Minor Diagnostic Exam (1 per	
plan year)	
<ul> <li>X-ray; or a laboratory test</li> </ul>	\$50
Prosthetic	
- One Device	\$500
- Two or More Devices	\$1,000
Rehabilitation Facility (per day	\$100
up to 30 days)	\$100
Rehabilitation Therapy (per	
visit up to	\$25
10 Visits)	

4



Common Injuries	
Abdominal/Thoracic Surgery	
- Surgery to repair	\$1,000
- Exploratory without	\$1,000
repair	\$100
Arthroscopic Surgery	\$200
Cranial Surgery	\$200
Eye Surgery	φ200
- Removal of foreign body	\$100
- Surgical Repair	\$200
· · · · · · · · · · · · · · · · · · ·	\$200
Hernia Surgery Non-Specific Surgery	\$200
- General Anesthesia	\$200
- General Anestnesia - Conscious Sedation	\$200
	\$100
Tendon / Ligament / Shoulder	
Cartilage / Rotator Cuff / Knee Cartilage Surgery	
- Surgery to repair one	\$400
	φ400
<ul> <li>Surgery to repair more than one</li> </ul>	\$800
	1
<ul> <li>Exploratory without</li> </ul>	\$150
repair	
Blood/Plasma/Platelets	\$300
Burns	
<ul> <li>2nd Degree (at least</li> </ul>	\$500
36% of body surface)	\$300
- 3rd Degree (9 to 34 sq.	\$1,000
inches)	\$1,000
- 3rd Degree (35 or more	\$8,000
sq. inches)	40,000
- Skin Graft pays 25% of	
burn benefit	
Proprietary informat Coma	\$10,000
Concussion	\$150

Dislocations	Surgically Corrected/Non-Surgically Corrected
- Hip	\$4,500 / \$2,250
- Knee Cap (Patella)	\$2,250 / \$1,125
- Ankle	\$1,500 / \$750
- Foot (except toes)	\$1,500 / \$750
- Elbow	\$900 / \$450
- Collar Bone (Sternoclavicular)	\$900 / \$450
- Hand	\$900 / \$450
- Lower Jaw	\$900 / \$450
- Shoulder Blade	\$900 / \$450
- Wrist	\$900 / \$450
- Collar Bone	
(Acromioclavicular separation)	\$500 / \$250
- Finger	\$500 / \$250
- Toe	\$500 / \$250
Emergency Dental Work	
- Crown(s)	\$200
- Extraction(s)	\$100
Family Child Daycare	\$30
<ul> <li>per day up to 30 days per covered accident</li> </ul>	
Fractures	Surgically Corrected/Non-Surgically Corrected
	Chip Fractures: 25% of the Surgically Corrected Amount
<ul> <li>Skull (Depressed, except bones of face or nose)</li> </ul>	\$4,500 / \$2,250
- Sternum	\$4,500 / \$2,250
- Hip, Thigh (Femur)	\$4,500 / \$2,250
- Skull (Simple, except bones of face or nose)	\$2,500 / \$1,250
<ul> <li>Leg (from top of tibia to ankle joint)</li> </ul>	\$2,500 / \$1,250
- Pelvis (Excluding	\$2,500 / \$1,250

UnitedHealthcare
UnitedHealthcar

Соссух)	
<ul> <li>Vertebrae (body of)</li> </ul>	\$2,500 / \$1,250
- Sacral Sacrum	\$900 / \$450
- Face or Nose (except teeth)	\$900 / \$450
- Upper Arm (Elbow to Shoulder)	\$900 / \$450
- Upper Jaw (except Alveolar process)	\$900 / \$450
- Ankle	\$900 / \$450
- Foot (except Toes)	\$900 / \$450
- Forearm, Hand, Wrist (except Fingers)	\$900 / \$450
- Kneecap	\$900 / \$450
- Lower Jaw (except Alveolar process)	\$900 / \$450
- Shoulder Blade or Collarbone	\$900 / \$450
<ul> <li>Vertebral Process</li> </ul>	\$900 / \$450
- Coccyx	\$700 / \$350
- Finger or Toe	\$300 / \$150

Lacerations	
- Greater Than 15 cm	\$30
- 5 cm - 15 cm	\$50
- Less Than 5 cm	\$200
- Not Requiring Sutures	\$400
Lodging	\$150
<ul> <li>per day up to 30 days per covered accident for treatment more than 100 miles away</li> </ul>	
Medical Supplies	\$10
<ul> <li>Over-the-counter (1 time per plan year)</li> </ul>	
Paralysis	
- Hemiplegia	\$5,000
- Paraplegia	\$5,000
- Quadriplegia	\$10,000
Ruptured / Herniated Disc	\$400
Transportation	
<ul> <li>- 3 trips per covered accident for treatment more than 100 miles away</li> </ul>	\$200
Organized Sporting Activity I	njury
Payable for all covered	Increases Follow Up Care and Common Injuries benefits by 25%
persons	

### **Accident Protection plan - Sample**

#### An accident plan may pay for itself

Here's an example: Matt was playing in his weekly men's softball league. As he slid into second base, he tore a knee ligament and broke a wrist. Even with his health plan, Matt had deductible expenses and had to miss some work. See how the Accident Protection Plan helped him.\*\*

Initial care/hospital care		Follow-up care/common inju	iries
Ambulance (ground)	\$300	Diagnostic MRI exam	\$250
Emergency room visit	\$150	Wrist fracture treatment	\$800
Total payment to Matt:	\$450	Surgical ligament tear repair	\$600
		Knee immobilizer	\$225
		Follow-up physician visit	\$75
		Physical therapy sessions	\$270
		Organized sporting injury benefit	\$555
		Total payment to Matt:	\$2,775



He can use it for whatever he chooses.

UnitedHealthcare<sup>®</sup>

### **Critical Illness Protection plan**

#### Don't let a serious illness add financial stress

- Spend the money any way you choose
- No pre-existing condition limitation
- \$50 for health screenings (one time per year)

#### **Benefit Amounts**

• Employee	\$10,000
• Spouse	\$10,000
• Child(ren)	\$ 5,000

Cost – based on coverage amount & age.



Many working adults are not prepared for high, unexpected medical costs

Over 65% of Americans have less than \$1,000 in savings<sup>1</sup>



UnitedHealthcare<sup>®</sup>

For more information, see your official benefit plan documents.

## **Critical Illness Protection plan**



Covered Conditions	Percentage of Insured's Maximum Benefit Amount Payable
Cancer Conditions	
Invasive Cancer	100%
Non-invasive Cancer	25%
Skin Cancer	\$250
Vascular Conditions	
Coronary Artery Disease Minor (Stent or Angioplasty)	25%
Coronary Artery Disease Major (Bypass Surgery)	50%
Heart Attack	100%
Ruptured Aneurysm	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Organ Failure Conditions	
Bone Marrow Disease	100%
Chronic Renal Failure**	100%
Heart Failure**	100%
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%
Functional Loss Conditions	
Coma	100%
Loss of Hearing**	100%

### **Critical Illness Protection plan**

Loss of Sight** Loss of Speech** Paralysis Severe Brain Damage	100% 100% 100% 100%
Additional Conditions Addison's Disease** Benign Brain Tumor Crohn's Disease** Myasthenia Gravis** Severe Burns** Systemic Lupus Erythematosus** Systemic Sclerosis (Scleroderma)**	25% 100% 25% 25% 100% 25% 25%
Childhood Disease Conditions** Cerebral Palsy Childhood Diabetes Cleft Lip / Palate Congenital Heart Disease Cystic Fibrosis Down Syndrome Muscular Dystrophy Sickle Cell Anemia Spina Bifida	100% of Dependent Child Benefit 100% of Dependent Child Benefit

Neurological Disease Conditions (diagnosis only)**	
Alzheimer's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Huntington's Disease	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%
Advanced Neurological Disease Conditions (loss of	ADLs)**
Advanced Alzheimer's Disease	100%
Advanced Amyotrophic Lateral Sclerosis (ALS)	100%
Advanced Huntington's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%

UnitedHealthcare®

## **Hospital Indemnity Protection plan**

#### Help protect your budget from the high cost of hospital bills

- Voluntary paid coverage by Employees for employee, spouse, child(ren), or family coverage
- No Pre-Existing exclusion limitation
- Pays you cash! Spend the money any way you choose
- Get \$50 for doing health screenings

#### **Covered injuries and services:**

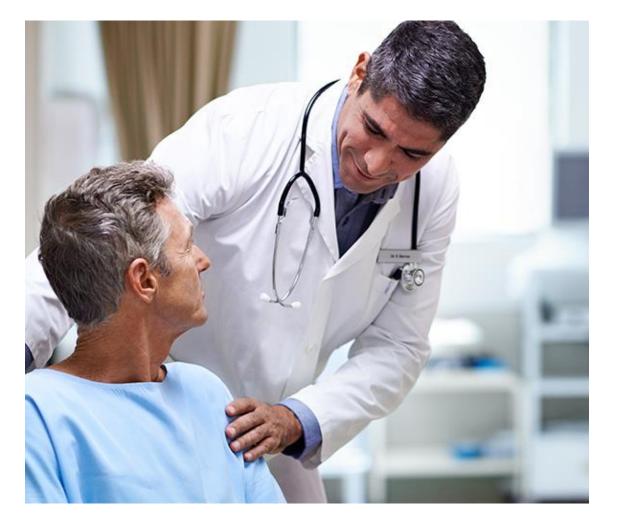
- Hospital admission / confinement
- Intensive Care Unit (ICU) confinement / admission

#### Cost

\$2.05 per week for employee only coverage

• \$5.56 per week for family coverage

For more information, see your official benefit plan documents.







## **Hospital Indemnity Protection plan**

Plan Benefits	Benefit
	Amount
Hospital Admission	\$500
Payable once per Injury or sickness, on the day	
of admission.	
(up to 3 Days per plan year)	
Hospital Confinement	\$100
Payable once per day of confinement for an	
injury or sickness. Confinement begins on day 2.	
(up to 364 Days per plan year)	
ICU Confinement	\$100
Payable once per day of confinement for an	
injury or sickness. Confinement begins on day 2.	
(up to 364 Days per plan year)	
ICU Admission	\$500
Payable once per Injury or sickness, on the day	
of admission.	
(up to 3 Days per plan year)	

UnitedHealthcare<sup>®</sup>

# **\$50 Wellness Benefit with Accident, Critical Illness, and Hospital Indemnity**



## The wellness benefit may be money in your pocket

Many health plans cover blood tests, mammograms and other screenings at no cost to you.\* So, getting a screening to meet your critical illness wellness benefit earns you money by using your plan.



# 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

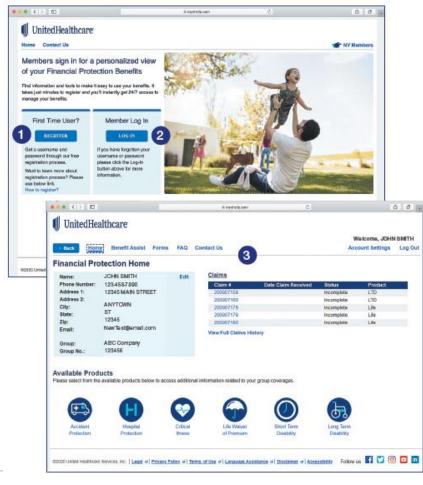
#### **Program rules**

- Screenings must be completed during the calendar year
- 2 A covered spouse can also earn a benefit
- 3 The benefit will only be paid 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 receive under the policy.

- Colonoscopy
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- Serum cholesterol test to determine HDL and LDL levels
- Stress test on a bicycle or treadmill
- Thermography
- Virtual colonoscopy

#### **Access Your Claim Information 24/7**

Built for simplicity and speed, the financial protection website offers self-service access to your claims—from any device. If you have any questions about the website please call customer service at **1-888-299-2070**.



## Get a personalized view of your account



2 Click on Member Log In. The first time you log in you will need your Group ID and Group Name. If you do not have this information please call customer service at 1-888-299-2070.

#### Explore your claims.

3



#### **Benefit Assist – Integration with UHC Medical Coverage**

Three times per month, UnitedHealthcare proactively screens eligible medical claims that may qualify for a claim payment under an employee's supplemental plan.



Matt injured his wrist and knee playing softball, which required a hospital visit.

This started a medical claim.

A Benefit Assistant identified the paid claim and saw that Matt may be eligible for a supplemental health plan claim The Benefit Assistant contacted Matt to talk with him about his benefit; they then connected him with a claim specialist who helped Matt through the claim-submission process The claim specialist monitored the claim and followed up with Matt to tell him the payment was being made

UnitedHealthcare<sup>®</sup>

Employees don't have to use Benefit Assist to file a supplemental health plan claim; they can submit their own by calling 1-866-556-8298