



Help protect yourself from costly medical expenses with UnitedHealthcare.

Critical Illness Protection Plan helps protect employees from costly expenses associated with the diagnosis of a serious illness. All benefits are paid directly to the insured and can be used towards any expense.

Your Specified Disease Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 20 hours per week. Employee must purchase coverage in order to purchase dependent coverage. Dependent children are covered to age 26.

Maximum Benefit Amount	Option A	Option B
Diagnosis of the covered condition must occur after insured is covered by the group contract; benefits are not payable for a diagnosis that occurs prior to the coverage effective date.		
Employee	\$15,000	\$30,000
Spouse	\$15,000	\$30,000
Child(ren)	\$7,500	\$15,000

Plan Provisions	
Reoccurrence Benefit**	Benefit payable for the same Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition category
Waiver of Premium	Included
Portability	Included

Covered Conditions	Percentage of Insured's Maximum Benefit Amount Payable
** Not eligible for the Reoccurrence benefit	
Cancer Conditions	
Invasive Cancer	100%
Non-invasive Cancer	25%
Non-Melanoma Skin Cancer	\$500

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%

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Rossmoor Walnut Creek
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Functional Loss Conditions

Coma	100%
Loss of Hearing**	100%
Loss of Sight**	100%
Loss of Speech**	100%
Paralysis	100%
Severe Brain Damage	100%

Additional Conditions

Addison's Disease**	25%
Benign Brain Tumor	100%
Crohn's Disease**	25%
Myasthenia Gravis**	25%
Severe Burns	100%
Systemic Lupus Erythematosus**	25%
Systemic Sclerosis (Scleroderma)**	25%

Childhood Disease Conditions**

Cerebral Palsy	100% of Dependent Child Benefit
Childhood Diabetes	100% of Dependent Child Benefit
Cleft Lip / Palate	100% of Dependent Child Benefit
Congenital Heart Disease	100% of Dependent Child Benefit
Cystic Fibrosis	100% of Dependent Child Benefit
Down Syndrome	100% of Dependent Child Benefit
Muscular Dystrophy	100% of Dependent Child Benefit
Sickle Cell Anemia	100% of Dependent Child Benefit
Spina Bifida	100% of Dependent Child Benefit

Neurological Disease Conditions (diagnosis only)**

Alzheimer's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Huntington's Disease	25%
Multiple Sclerosis	100%
Parkinson's Disease	100%

Additional Benefits

Wellness Benefit	\$50 Payable Once per calendar year per Member and Covered Spouse
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Wellness Benefit Covered Exams

Antibody or Serology testing	Endoscopy
At-Home Screening tests for Colon Cancer	Fasting blood glucose test
Biopsy	Fasting plasma glucose (FPG)
Blood Test for Cholesterol	Flexible sigmoidoscopy

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Blood test for triglycerides	Hemoccult stool analysis
Biometric Screenings	Hemoglobin A1C(HbA1c)
Bone Density scans	HPV Testing
Bone marrow testing	Lipid Panel
Breast ultrasound	Mammography
Breast MRI	Monoclonal Antibody Therapy
CA 15-3 (blood test for breast cancer)	Pap smear
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Complete Blood Count	Thin prep pap test
Doppler screening for carotids	Thermography
Doppler screening for peripheral vascular disease	Serum cholesterol test to determine level of HDL and LDL
Doppler Screening for abdominal aorta	Virtual Colonoscopy
Echocardiogram	
Electrocardiogram	Wellness Fair Screening

Benefit payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per Employee and Spouse



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Frequently Asked Questions about your Specified Disease Plan

Am I eligible for coverage?	You are eligible if you are working a minimum of 20 hours per week and considered benefit eligible by your employer.
What does Specified Disease Coverage provide me?	Specified Disease coverage provides protection against the expense of serious medical conditions.
Who pays for my Specified Disease coverage?	Your employer has made Specified Disease coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth for the first 31 days. You would need to notify us within 31 days of the birth if you want to enroll that child, regardless of whether there are existing dependent children covered.
Can I receive a benefit for more than one of the covered conditions?	Each Covered Condition is payable at least one time for dates of diagnoses that occur while coverage is in force. Your Certificate of Coverage may require a separation period be met between the dates of diagnoses. <i>(Note: This is commonly referred to as additional occurrence.)</i>
If I have received a benefit for a covered condition (i.e., Heart Attack) and then get diagnosed again with that same condition, will another benefit be payable?	<p>You may be eligible for another benefit payment for the same Covered Condition. This is referred to as Reoccurrence Benefit, and certain Conditions are eligible.</p> <p>Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed for a covered condition we have already paid a benefit for;• The diagnosis date of the reoccurrence is at least 180 Days following the previous date of diagnosis. <p>Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.</p>



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Is Cancer eligible for a reoccurrence benefit?	<p>You may be eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.</p> <p>Cancer Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed with a covered cancer condition we have already paid a benefit for; and• The diagnosis date of the cancer reoccurrence is at least 180 Days following the previous date of diagnosis; and <p>Coverage must be in force on the date the cancer reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered a cancer reoccurrence diagnosis</p>
What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?	<p>We have 3 distinct categories of Cancer Covered Conditions:</p> <ul style="list-style-type: none">• Invasive• Non-Invasive• Skin <p>A diagnosis of cancer from the same Cancer Covered Condition “category” would be considered a Cancer Reoccurrence. (i.e. Invasive Cancer → Invasive Cancer).</p> <p>A diagnosis of cancer from a different Cancer Covered Condition “category” would be considered an additional occurrence. (i.e. Invasive Cancer → Non-Invasive Cancer).</p>
What is considered “active treatment” when you look at no treatment for a Cancer reoccurrence benefit?	<p>Active Treatment for Cancer means consultation, care or services provided by a Physician while Cancer is present. This includes diagnostic measures and taking prescription medications</p> <p>Active Treatment for Cancer does not include maintenance drug therapy or routine follow-up office visits, including testing or surveillance imaging.</p>
I suffered a heart attack before I elected the Specified Disease Protection Plan. Would I be eligible for a benefit?	<p>We do not pay for events that occurred before the effective date of coverage.</p> <p>However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.</p>

If a diagnosis of a Child Only Covered Condition is made during pregnancy, would we be eligible to receive a benefit for that condition if I choose to cover them as a dependent?	Dependent Children are eligible for coverage from the moment of live birth. If the diagnosis occurs prior to birth, that condition would be payable provided the child survives to live birth and becomes insured as a dependent child.
I enrolled my 5 year old child, who was diagnosed at birth with one of the Child Only Covered conditions. Would we be eligible to receive a benefit for that condition?	For a condition to be payable, coverage must be in force on the date of diagnosis. Therefore, in this situation, because diagnosis was made prior to the coverage effective date, a benefit would not be payable.

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This 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.

If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

Exclusions and Limitations*:

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

We also will not pay a benefit for a Specified Disease 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.

1. intentional self-inflicted Injury, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
2. attempted suicide, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
3. active participation in a riot, felony, assault, or illegal occupation;
4. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
5. loss sustained while on active duty as a member of the armed forces of any nation except during any time period insurance is extended under the Continuation during Leave of Absence provision;

6. Intoxication or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You [or Your Dependents] by a Physician and taken as prescribed

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

Cosmetic or Elective Surgery Exclusion: We will not cover any loss 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; or
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; and
2. surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy.

Elective Surgery means:

1. Cosmetic Surgery; and
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; or
 - 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
3. bariatric surgery performed in conjunction with a diagnosis of morbid obesity.



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Specified Disease Cost Summary

****Attention plan sponsor – see sold UAF for benefit administration plan set up.****

Premiums 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.*

Estimated premiums shown below are based on the employee's age and tobacco status. Spouse age and tobacco status are based on Employee age and tobacco status.

Employee Paid Monthly Premium	Option 1: EE \$15,000/ SP \$15,000/ CH \$7,500 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$3.00	\$6.15	\$4.05	\$7.20
25-29	\$4.65	\$8.85	\$5.70	\$9.90
30-34	\$5.85	\$11.40	\$6.90	\$12.45
35-39	\$7.50	\$15.45	\$8.55	\$16.50
40-44	\$11.85	\$23.85	\$12.90	\$24.90
45-49	\$17.25	\$37.05	\$18.30	\$38.10
50-54	\$25.95	\$52.35	\$27.00	\$53.40
55-59	\$34.05	\$69.90	\$35.10	\$70.95
60-64	\$54.30	\$100.20	\$55.35	\$101.25
65-69	\$57.90	\$137.10	\$58.95	\$138.15
70-74	\$82.35	\$181.95	\$83.40	\$183.00
75+	\$114.30	\$235.05	\$115.35	\$236.10

Employee Paid Monthly Premium	Option 2: EE \$30,000/ SP \$30,000/ CH \$15,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$6.00	\$12.30	\$8.10	\$14.40
25-29	\$9.30	\$17.70	\$11.40	\$19.80
30-34	\$11.70	\$22.80	\$13.80	\$24.90
35-39	\$15.00	\$30.90	\$17.10	\$33.00
40-44	\$23.70	\$47.70	\$25.80	\$49.80
45-49	\$34.50	\$74.10	\$36.60	\$76.20
50-54	\$51.90	\$104.70	\$54.00	\$106.80
55-59	\$68.10	\$139.80	\$70.20	\$141.90
60-64	\$108.60	\$200.40	\$110.70	\$202.50
65-69	\$115.80	\$274.20	\$117.90	\$276.30
70-74	\$164.70	\$363.90	\$166.80	\$366.00
75+	\$228.60	\$470.10	\$230.70	\$472.20

***Cost Includes Wellness Benefit**



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UnitedHealthcare Critical Illness product is provided by United Healthcare 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 products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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