UnitedHealthcare

Young Life
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 01/01/2025

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 Critical Illness Protection 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	
Employee	$20,000
Spouse	$20,000
Child(ren)	$10,000

Plan Provisions	
Reoccurrence Benefit **	Benefit Payable for the same Covered Condition
Portability	Included at Employer's group rate with age limit of 75.

Covered Conditions	**Percentage of the Insured's Maximum Benefit Amount Payable**
Base Conditions	
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 Covered 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%
Child Only Covered Conditions (One condition payable per Covered Child) **	
Cerebral Palsy	25% of the Employee's maximum benefit
Cleft Lip / Palate	25% of the Employee's maximum benefit
Cystic Fibrosis	25% of the Employee's maximum benefit
Down Syndrome	25% of the Employee's maximum benefit
Muscular Dystrophy	25% of the Employee's maximum benefit

Spina Bifada	25% of the Employee's maximum benefit

***Reoccurrence does not apply to Additional Covered Conditions, Child Only Covered Conditions and Rabies*

UnitedHealthcare

Young Life
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 01/01/2025

Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

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 Critical Illness Coverage provide me?	Critical Illness coverage provides protection against the expense of serious medical conditions.
Who pays for my Critical Illness coverage?	Your employer has made CIPP 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. *(Note: This is commonly referred to as additional occurrence.)*
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?	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. Reoccurrence allows you to receive a benefit when: • You are diagnosed for a covered condition we have already paid a benefit for; • the date of diagnosis of the reoccurrence is at least 12 Months following the previous date of diagnosis; and • there has been no treatment for that condition during the 12 Months period prior to the subsequent diagnosis date. Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.

Is Cancer eligible for a reoccurrence benefit?	Cancer conditions may be eligible for a Reoccurrence Benefit if: • the dates of diagnosis are separated by at least 12 Months and; • there has been no active treatment for cancer during the 12 Months period prior to the subsequent diagnosis date. Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.
What is considered “treatment” when you look at treatment free for a reoccurrence benefit?	Treatment refers to any consultation, advice, tests, attendance, or observation, supplies or equipment, including the prescription or use of prescription drugs or medicines. Maintenance medication or therapy is not considered to be treatment.
I suffered a heart attack before I elected the Critical Illness Protection Plan. Would I be eligible for a benefit?	We do not pay for events that occurred before the effective date of coverage. However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.
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.
If my child is diagnosed with more than one of the Child Only Covered Conditions, would a benefit be payable for each one of the conditions?	If a child is diagnosed with more than one of the Child Only Covered Conditions, only one of the conditions in this category would 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*:

This Policy 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. 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; or
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.

Some state variations may apply

**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.*

Young Life
Summary of Benefits: Critical Illness Protection
Plan Effective Date: 01/01/2025

Critical Illness 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 smoker status are based on Employee age and smoker status.

Employee Paid Bi-Weekly Premium	Option 1: EE $20,000/ SP $20,000/ CH $10,000			
	EE Only	**EE + SP**	**EE + CH**	**EE + SP + CH**
Age Range	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**
Under 25	$1.20	$2.40	$1.94	$3.14
25-29	$1.85	$3.69	$2.58	$4.43
30-34	$2.68	$5.26	$3.42	$6.00
35-39	$4.06	$8.03	$4.80	$8.77
40-44	$6.83	$13.57	$7.57	$14.31
45-49	$11.82	$22.98	$12.55	$23.72
50-54	$18.00	$34.89	$18.74	$35.63
55-59	$26.31	$50.03	$27.05	$50.77
60-64	$38.40	$73.48	$39.14	$74.22
65-69	$55.75	$102.00	$56.49	$102.74
70-74	$74.68	$136.71	$75.42	$137.45
75+	$99.78	$178.71	$100.52	$179.45

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.

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. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.