

# UnitedHealthcare

## APP Benefit Summary for Tempo, Inc.

Effective Date: 01/01/2026

<b>Accident Protection Plan</b>	
<b>Legal Entity</b>	<b>United Healthcare Insurance Company</b>
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week
Plan Design	24-Hour
Plan Level	Silver
Coverage Level	Base + Enhanced
Waiver of Premium	Included
Portability	Included
Telephonic Claim Submission	Not Included
<b>Base Benefits</b>	
<b>Accidental Death &amp; Dismemberment</b>	
Life	\$20,000
Both hands or feet or combination	\$20,000
One hand or foot	\$10,000
Two or more fingers or toes or combination	\$4,000
One finger or toe	\$2,000
<b>Accidental Death Common Carrier</b>	<b>\$80,000</b>
(Child benefit 50% of employee/spouse)	
<b>Initial Care</b>	
Ground Ambulance	\$200
Air Ambulance	\$1,200
Emergency Room Treatment	\$100
Physician Office/Urgent Care (per visit)	\$40
<b>Hospital Care</b>	
Hospital Admission	\$800
Hospital Confinement	\$160
Hospital ICU Admission	\$2,500
Hospital ICU Confinement	\$500
<b>Enhanced Benefits</b>	
<b>Follow Up Care</b>	
Major Diagnostic Exam	\$160
Follow up Physician Visit	\$40
Medical Appliances	\$140
Physical Therapy	\$30
Prosthetic	
One device	\$500
Two or more devices	\$1,000
Rehabilitation Unit	\$80
<b>Common Injuries</b>	
Blood/Plasma/Platelets	\$280
Abdominal/Thoracic Surgery	
- Surgery to repair	\$1,000
- Exploratory without repair	\$100
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
<i>Skin Graft = 25% of burn benefit</i>	
Coma	\$10,000
Concussion	\$140
Dental Emergency	
- Broken teeth repaired with crown(s)	\$200
- Broken teeth resulting in extractions	\$80
Eye Surgery	\$200
<b>Dislocations</b>	
Surgical reduction type:	Open Reduction / Closed Reduction with Anesthesia
- Hip	\$3,200 / \$1,600
- Knee (except Patella)	\$1,600 / \$800
- Ankle or Foot (other than toes)	\$1,280 / \$640
- Collar Bone (Sternoclavicular)	\$800 / \$400
- Lower jaw	\$480 / \$240
- Shoulder (Glenohumeral)	\$480 / \$240
- Elbow	\$480 / \$240
- Wrist	\$480 / \$240
- Hand (other than fingers)	\$480 / \$240
- Collar Bone (Acromoclavicular)	\$160 / \$80
- One Toe or Finger	\$160 / \$80
Closed Surgical Reduction Without Anesthesia - 25% of amount shown for Closed Reduction with Anesthesia	

<b>Accident Protection Plan</b>	
<b>Legal Entity</b>	<b>United Healthcare Insurance Company</b>
<b>Fractures</b>	
Surgical reduction type:	Open Reduction / Closed Reduction with Anesthesia
- Skull (except bones of face or nose)	
Depressed	\$4,000 / \$2,000
Simple	\$1,600 / \$800
- Hip, Thigh (Femur)	\$2,400 / \$1,200
- Vertebrae (body of)	\$1,280 / \$640
- Pelvis (except coccyx)	\$1,280 / \$640
- Leg	\$1,280 / \$640
- Face or Nose	\$560 / \$280
- Upper Jaw (except Alveolar process)	\$560 / \$280
- Upper Arm (Elbow to Shoulder)	\$560 / \$280
- Lower Jaw (except Alveolar process)	\$480 / \$240
- Shoulder Blade or Collarbone	\$480 / \$240
- Vertebral Process	\$480 / \$240
- Forearm, hand, wrist (except fingers)	\$480 / \$240
- Kneecap	\$480 / \$240
- Foot (excluding toes)	\$480 / \$240
- Ankle	\$480 / \$240
- Rib	\$400 / \$200
- Coccyx	\$320 / \$160
- Finger or toe	\$80 / \$40
Chip Fractures: 25% of amounts shown for Closed Reduction with Anesthesia	
<b>Lacerations</b>	
Total of all lacerations:	
- Not requiring stitches, staples or glue	\$30
- Not more than 5 cm	\$50
- Greater than 5 cm but not more than 15 cm	\$200
- Over 15 cm	\$400
<b>Paralysis</b>	
- Quadriplegia	\$10,000
- Paraplegia	\$5,000
- Hemiplegia	\$5,000
Ruptured Disc	\$400
<b>Tendons/Ligaments/ Rotator/Knee Cartilage</b>	
- Surgery to repair one	\$400
- Surgery to repair more than one	\$800
- Exploratory without repair	\$140
<b>Organized Sporting Activity Injury</b>	Increases amounts payable under Follow Up Care and Common Injuries sections by 25% up to \$10,000
<b>Family Child Daycare (per day up to 30 days)</b>	\$28
<b>Family Lodging (per day)</b>	\$140
<b>Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)</b>	\$400
<b>Quoted Monthly Rates</b>	<b>Voluntary</b>
<b>Current &amp; Renewal Rates:</b>	
<b>Base+Enhanced</b>	
Employee	\$14.32
Employee + Spouse	\$21.24
Employee + Child(ren)	\$19.28
Employee + Spouse + Child(ren)	\$26.20



## Assumptions for Tempo, Inc.

Effective Date: 01/01/2026

### Accident Protection Assumptions

Dependent children are covered to age 26

**Minimum participation of 15% is required for any standalone or combination of the following products; Critical Illness, Accident Protection Plan or Hospital Indemnity.**

We will not cover any loss caused or contributed to 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, while sane or insane;
3. Participation in a riot or insurrection, or commission of a felony;
4. War or any act of war, declared or undeclared;
5. Voluntary use of drugs, hallucinogen, controlled substance, or narcotic unless prescribed by a physician;
6. Participating in any event or activity, including the operation of a vehicle, while intoxicated or under the influence according to the applicable state law where the loss occurred;
7. Engaging in the following hazardous activities: skydiving, hang gliding, sail gliding, parasailing, para kiting, motorized dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;
8. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
9. Travel or flight in, or descent from any aircraft, unless 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;
10. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
11. On Job Injury or any Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury for which the Covered Person is entitled to benefits under any workers' compensation law, Employers liability law or similar law, unless this insurance is issued on an occupational (24 hour) basis as shown on the Schedule