

Maximum Benefit Amount

PMY ETS USA (Formerly Wrightson Johnson Haddon &

Williams Inc.)

Summary of Benefits: Critical Illness Protection

Option A Option B Option C

Plan Effective Date: 01/01/2026

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 30 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	Option 0
Employee	\$5,000	\$10,000	\$20,000
Spouse	\$2,500	\$5,000	\$10,000
Child(ren)	\$2,500	\$5,000	\$10,000
Plan Provisions			
Reoccurrence Benefit**			ne Covered Condition
Cancer Reoccurrence Benefit	Benefit paya	able for the san	ne Cancer Condition category
Portability	Included		
Covered Conditions		of Insured's I	Maximum Benefit Amount
** Not eligible for the Reoccurence benefit	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			

Functional Loss Conditions



At-Home Screening tests for Colon Cancer

Biopsy

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Coma	100%
Loss of Hearing**	100%
Loss of Fleating Loss of Sight**	100%
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Loss of Speech**	100% 100%
Paralysis	
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%
Systemic Scierosis (Scierodenna)	2370
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
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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%
Infectious Disease Conditions	
Coronavirus (COVID) with 3 day Hospitalization	\$2,000
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Additional Benefits	
Wellness Benefit	\$50 Payable Once per calendar year per Insured
Wellness Benefit Covered Exams	
Antibody or Serology testing	Endoscopy
At Home Sergening tests for Colon Canaer	Easting blood glugges toot

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Fasting blood glucose test

Fasting plasma glucose (FPG)



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Blood Test for Cholesterol Blood test for triglycerides Biometric Screenings Bone Density scans Bone marrow testing Breast ultrasound

Breast MRI

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 carotids

Doppler screening for peripheral vascular disease

Doppler Screening for abdominal aorta

Echocardiogram Electrocardiogram

Flexible sigmoidoscopy Hemoccult stool analysis Hemoglobin A1C(HbA1c)

HPV Testing Lipid Panel Mammography

Monoclonal Antibody Therapy

Pap smear

PSA (blood test for prostate cancer)

Serum Protein Electrophoresis (blood test for myeloma)

Stress test on a bicycle or treadmill

Thin prep pap test Thermography

Serum cholesterol test to determine level of HDL and LDL

Virtual Colonoscopy Wellness Fair Screening

Whole Body Skin Cancer Screening

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



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Am I eligible for coverage?	You are eligible if you are working a minimum of 30 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	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.		
benefit be payable?	 Reoccurrence allows you to receive a benefit when: 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. 		
	Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.		



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Is Cancer eligible for a reoccurrence benefit?	You may be eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.			
	 Cancer Reoccurrence allows you to receive a benefit when: 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 			
	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			
What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?	We have 3 distinct categories of Cancer Covered Conditions: • Invasive • Non-Invasive • Skin			
	A diagnosis of cancer from the same Cancer Covered Condition "category" would be considered a Cancer Reoccurrence. (i.e. Invasive Cancer → Invasive Cancer).			
	A diagnosis of cancer from a different Cancer Covered Condition "category" would be considered an additional occurrence. (i.e. Invasive Cancer → Non-Invasive Cancer).			
What is considered "active treatment" when you look at no treatment for a Cancer reoccurrence benefit?	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			
	Active Treatment for Cancer does not include maintenance drug therapy or routine follow-up office visits, including testing or surveillance imaging.			
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.			

coverage is in effect, a benefit may be payable.

However, if a subsequent diagnosis of that condition were to occur while

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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.

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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 Critical Illness contributed to or caused by:

- 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



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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.

*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.



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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 tobacco status are based on Employee age and tobacco status.

Employee Paid	Option 1: EE \$5,000/ SP \$2,500/ CH \$2,500 *			
Monthly Premium	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$1.00	\$1.68	\$1.75	\$2.43
25-29	\$1.25	\$2.13	\$2.00	\$2.88
30-34	\$1.50	\$2.58	\$2.25	\$3.33
35-39	\$2.00	\$3.35	\$2.75	\$4.10
40-44	\$2.95	\$4.83	\$3.70	\$5.58
45-49	\$4.80	\$7.38	\$5.55	\$8.13
50-54	\$8.15	\$11.55	\$8.90	\$12.30
55-59	\$11.25	\$15.98	\$12.00	\$16.73
60-64	\$15.60	\$22.38	\$16.35	\$23.13
65-69	\$18.35	\$28.80	\$19.10	\$29.55
70-74	\$24.95	\$39.05	\$25.70	\$39.80
75+	\$40.85	\$54.55	\$41.60	\$55.30

Employee Paid	Option 2: EE \$10,000/ SP \$5,000/ CH \$5,000 *			
Monthly Premium	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$2.00	\$3.35	\$3.50	\$4.85
25-29	\$2.50	\$4.25	\$4.00	\$5.75
30-34	\$3.00	\$5.15	\$4.50	\$6.65
35-39	\$4.00	\$6.70	\$5.50	\$8.20
40-44	\$5.90	\$9.65	\$7.40	\$11.15
45-49	\$9.60	\$14.75	\$11.10	\$16.25
50-54	\$16.30	\$23.10	\$17.80	\$24.60
55-59	\$22.50	\$31.95	\$24.00	\$33.45
60-64	\$31.20	\$44.75	\$32.70	\$46.25
65-69	\$36.70	\$57.60	\$38.20	\$59.10
70-74	\$49.90	\$78.10	\$51.40	\$79.60
75+	\$81.70	\$109.10	\$83.20	\$110.60



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Employee Paid	Option 3: EE \$20,000/ SP \$10,000/ CH \$10,000 *			
Monthly Premium	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$4.00	\$6.70	\$7.00	\$9.70
25-29	\$5.00	\$8.50	\$8.00	\$11.50
30-34	\$6.00	\$10.30	\$9.00	\$13.30
35-39	\$8.00	\$13.40	\$11.00	\$16.40
40-44	\$11.80	\$19.30	\$14.80	\$22.30
45-49	\$19.20	\$29.50	\$22.20	\$32.50
50-54	\$32.60	\$46.20	\$35.60	\$49.20
55-59	\$45.00	\$63.90	\$48.00	\$66.90
60-64	\$62.40	\$89.50	\$65.40	\$92.50
65-69	\$73.40	\$115.20	\$76.40	\$118.20
70-74	\$99.80	\$156.20	\$102.80	\$159.20
75+	\$163.40	\$218.20	\$166.40	\$221.20

^{*}Cost Includes Wellness Benefit

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.