Critical Illness Insurance

When a major illness is diagnosed, there can be several expenses that aren't covered by major medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out-of-pocket expenses.

	CRITICAL ILLNESS PROTECTION PLAN (CIPP) CLASS 1 – VOLUNTARY PRIMARY		
Eligibility	All Active Full-Time Employees working a minimum of 30 hours per week		
PLAN PROVISIONS			
Portability	Included; ported coverage terms at age 75.		
Re occurrence Benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a Covered Condition for which we have paid a benefit.		
Re occurrence Benefit – Separation Period	Diagnosis dates must be separated by at least 180 Days		
Re occurrence Benefits Payable per Condition	No Limit		
BENEFITS PAYABLE	Employee Paid Benefits		
	Option A	Option B	Option C
Employee Guarantee Issue	$10,000	$20,000	$30,000
Spouse Guarantee Issue	$10,000	$20,000	$30,000
Child(ren) Guarantee Issue	$5,000	$10,000	$15,000
Employee must purchase coverage in order to purchase dependent coverage. Dependent benefits cannot exceed the Employee benefit amount.			
ADDITIONAL BENEFITS			
Wellness	$50 per calendar year per insured		

See Summary Plan Documents for covered conditions.

HOW TO FILE A CLAIM FOR CRITICAL ILLNESS AND HOSPITAL INDEMNITY

If you have any questions about this process, please call our claim service team at 888.299.2070 between 8 a.m. and 8 p.m. ET.

1. **GATHER YOUR DOCUMENTATION:** Have a copy of your diagnosis and supporting medical records, such as a pathology report, MRI report, CT scan results or procedure/operative report.
2. **LOG INTO MYUHCFP:** Sign in to your account at myuhcfp.com and select Claims Submission from the Claims menu. First-time users will need to register using their Group ID and Group Name.
3. **COMPLETE THE CLAIM FORM:** Provide the requested information, including details about your diagnosis and treating physician.
4. **UPLOAD YOUR DOCUMENTATION AND SUBMIT:** Attach the required medical documentation and submit your claim for review.

WHAT HAPPENS NEXT?

UnitedHealthcare will confirm receipt of your claim within five business days. If approved, your benefit will be paid according to your selected payment method.

EMPLOYEE PAID BI-WEEKLY RATES *(24 of 26 pay periods)*	OPTION 1: EE $10,000/ SP $10,000/ CH $5,000*			
AGE RANGE	**EE Only**	**EE + SP**	**EE + CH**	**EE + SP + CH**
Under 25	$2.30	$5.10	$2.30	$5.10
25-29	$2.30	$5.10	$2.30	$5.10
30-34	$3.40	$7.50	$3.40	$7.50
35-39	$3.40	$7.50	$3.40	$7.50
40-44	$6.80	$14.20	$6.80	$14.20
45-49	$6.80	$14.20	$6.80	$14.20
50-54	$14.80	$29.25	$14.80	$29.25
55-59	$14.80	$29.25	$14.80	$29.25
60-64	$29.40	$57.05	$29.40	$57.05
65-69	$29.40	$57.05	$29.40	$57.05
70-74	$34.80	$69.80	$34.80	$69.80
75+	$34.80	$69.80	$34.80	$69.80

EMPLOYEE PAID BI-WEEKLY RATES *(24 of 26 pay periods)*	OPTION 2: EE $20,000/ SP $20,000/ CH $10,000*			
AGE RANGE	**EE Only**	**EE + SP**	**EE + CH**	**EE + SP + CH**
Under 25	$4.60	$10.20	$4.60	$10.20
25-29	$4.60	$10.20	$4.60	$10.20
30-34	$6.80	$15.00	$6.80	$15.00
35-39	$6.80	$15.00	$6.80	$15.00
40-44	$13.60	$28.40	$13.60	$28.40
45-49	$13.60	$28.40	$13.60	$28.40
50-54	$29.60	$58.50	$29.60	$58.50
55-59	$29.60	$58.50	$29.60	$58.50
60-64	$58.80	$114.10	$58.80	$114.10
65-69	$58.80	$114.10	$58.80	$114.10
70-74	$69.60	$139.60	$69.60	$139.60
75+	$69.60	$139.60	$69.60	$139.60

EMPLOYEE PAID BI-WEEKLY RATES *(24 of 26 pay periods)*	OPTION 3: EE $30,000/ SP $30,000/ CH $15,000*			
AGE RANGE	**EE Only**	**EE + SP**	**EE + CH**	**EE + SP + CH**
Under 25	$6.90	$15.30	$6.90	$15.30
25-29	$6.90	$15.30	$6.90	$15.30
30-34	$10.20	$22.50	$10.20	$22.50
35-39	$10.20	$22.50	$10.20	$22.50
40-44	$20.40	$42.60	$20.40	$42.60
45-49	$20.40	$42.60	$20.40	$42.60
50-54	$44.40	$87.75	$44.40	$87.75
55-59	$44.40	$87.75	$44.40	$87.75
60-64	$88.20	$171.15	$88.20	$171.15
65-69	$88.20	$171.15	$88.20	$171.15
70-74	$104.40	$209.40	$104.40	$209.40
75+	$104.40	$209.40	$104.40	$209.40

*Cost includes Wellness Benefit.