



# Explore your supplemental health plans

United  
Healthcare®



**Kiewit**

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## Review your supplemental benefits

These plans pay lump sums directly to you with no restrictions on how the money is spent.

- **Accident Protection** pays cash benefits for covered injuries
- **Critical Illness Protection** pays cash benefits if you're diagnosed with a covered condition
- **Hospital Indemnity Protection** pays cash benefits after a covered hospital stay and related expenses

Benefits	Accident Protection	Critical Illness Protection	Hospital Indemnity Protection
You pay the premium	✓	✓	✓
Get paid for doing health screenings	✓	✓	✓
No deductible to meet to receive your benefits <ul style="list-style-type: none"> <li>• Simply submit a claim form with copies of your receipts for covered items – you can call a claim specialist if you need help</li> </ul>	✓	✓	✓
Save or spend the money any way you choose. Use it to: <ul style="list-style-type: none"> <li>• Cover your health plan deductible and other out-of-pocket costs, like medications, rehabilitation and transportation</li> <li>• Pay your bills and other living expenses</li> <li>• Grow your savings account or your health savings account (HSA)</li> </ul>	✓	✓	✓
Waiver of premium: If you become totally disabled, your premium may be waived	✓		
Portable: You can take the plan with you if you change jobs or retire	✓	✓	✓



## Enroll during annual enrollment

Life is full of unexpected events. Complement your health plan with extra protection – and feel more prepared to handle what comes your way.

### For more coverage detail

See your summary of benefits and official plan documents



## Accident Protection



Scan to learn more about your Accident Protection Plan.

# Help protect yourself from the unexpected cost of an accident

Round out your health plan benefits with the Accident Protection Plan, which helps cover added costs you may face following a covered accident. The plan covers more than 80 injuries and care services, from burns and concussions to ambulance rides and rehabilitation. If you're injured during your plan year, the Accident Protection Plan will pay you a cash benefit – and you can use the money any way you want.

## How Accident Protection works – an example

Matt was playing in his softball league when he tore a knee ligament and broke a wrist. His Accident Protection coverage provided the following benefits:

Initial care/hospital care	Payment
Ambulance (ground)	\$200
Emergency room visit	\$100
Initial physician visit	\$100
<b>Total:</b>	<b>\$400</b>

Follow-up care/common injuries	Payment
Diagnostic MRI exam	\$160
Wrist fracture treatment	\$720
Surgical ligament tear repair	\$400
Leg brace	\$140
Follow-up physician visit	\$75
Physical therapy sessions (10 total)	\$300
Organized sporting injury benefit	\$448.75
<b>Total:</b>	<b>\$2,308.75</b>



**Total cash benefit paid to Matt**  
**\$2,468.75**

See specific coverage details in the Benefits Summary section of this guide.



## Wellness benefit

### Get screened, earn money

Your UnitedHealthcare Accident Protection plan includes a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your covered spouse\* – to use any way you'd like – just for completing screenings like blood tests, colonoscopies or stress tests.

\*If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.



## Benefit Assist

### For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. A benefit assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.



## Critical Illness Protection



Scan to learn more about your Critical Illness Protection Plan.

### Get financial support during a serious illness

Experiencing a critical illness can be devastating to you, your family and your finances. The Critical Illness Protection Plan is designed to help ensure that should you or a covered family member be diagnosed with a covered critical illness – including heart attack, stroke and cancer – you’ll get a cash payment to use any way you want.

### How Critical Illness Protection works – an example

Sharon was diagnosed with invasive cancer. Six months later, she had a stroke. Here’s a look at Sharon’s Critical Illness coverage benefits:

Coverage \$10,000 plan	Payout percentage	Payment
Invasive cancer	100%	\$10,000
Stroke	100%	\$10,000
<b>Total</b>		<b>\$20,000</b>



**Total cash benefit paid to Sharon**

# \$20,000

See specific coverage details in the Benefits Summary section of this guide.



#### Wellness benefit

### Get screened, earn money

Your UnitedHealthcare Critical Illness Protection plan includes a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your covered dependents\* – to use any way you’d like – just for completing screenings like blood tests, colonoscopies or stress tests.

\*If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.



#### Benefit Assist

### For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. A benefit assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.



## Hospital Indemnity Protection



Scan to learn more about your Hospital Indemnity Plan.

# Help protect yourself from the high costs of hospital care

Even with health insurance, a hospital stay can mean big out-of-pocket costs. The Hospital Indemnity Protection Plan covers hospital admission, hospital confinement, intensive care unit admission and intensive care unit confinement. You'll get a direct cash payment to use any way you choose – giving you extra financial help so you can focus on feeling better.

## How Hospital Indemnity Protection works

Clark suffered head and shoulder injuries in an accident and was taken by ambulance to the emergency room. Following an evaluation, Clark was admitted to the hospital for continued treatment of his injuries. Here is how his Hospital Indemnity coverage paid out over the plan year:

Hospital Indemnity Plan	Payment
Hospital admission* (day 1)	\$1,000
Hospital confinement (days 2-5)	\$800
<b>Total</b>	<b>\$1,800</b>

\*Admission to a hospital for at least 20 hours for which a full day's room and board charge is made. Does not include an emergency room admission, any outpatient treatment or any stay in an observation unit when there is no charge for room and board.



**Total cash benefit paid to Clark**

# \$1,800



### Wellness benefit

## Get screened, earn money

Your UnitedHealthcare Hospital Indemnity Protection plan includes a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your covered spouse\* – to use any way you'd like – just for completing screenings like blood tests, colonoscopies or stress tests.

\*\*If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.



### Benefit Assist

## For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. A benefit assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.

## Accident Protection Plan summary of benefits

Effective date	Jan. 1, 2025
Eligibility	All active full-time employees working a minimum of 30 hours per week. You must be actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
<b>Benefits payable</b>	
Plan design	24 Hour (Coverage is for accidents that happen on and off the job.)
Portability	Included
<b>Plan benefits</b>	
<b>Accidental death &amp; dismemberment</b>	
Life	\$20,000
Both hands, feet or combination	\$20,000
One hand and one foot	\$10,000
Two or more fingers or toes	\$4,000
One finger or one toe	\$2,000
<b>Accidental death common carrier</b>	
Life	\$80,000 (Child benefit is 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)	\$100
<b>Hospital care</b>	
Hospital admission	\$800
Hospital confinement	\$160
Hospital ICU admission	\$2,500
Hospital ICU confinement	\$500
<b>Follow-up care</b>	
Appliances benefit	\$140
Follow-up physician visit	\$75
Major diagnostic exam	\$160
Prosthetic	
- One device	\$500
- Two or more devices	\$1,000
Rehabilitation facility (per day/up to 30 days)	\$80
Physical therapy (per visit/up to 10 visits)	\$30

<b>Common injuries</b>	
Abdominal/thoracic surgery	
- Surgery to repair	\$1,000
- Exploratory without repair	\$100
Eye surgery	\$200
Tendon/ligament/shoulder cartilage/rotator cuff/knee cartilage surgery	
- Surgery to repair 1	\$400
- Surgery to repair more than 1	\$800
- Exploratory without repair	\$140
Blood/plasma/platelets	\$280
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 – Skin Graft = 25% of burn benefit
Coma	\$10,000
Concussion	\$140
Lacerations	
- Over 15 cm	\$400
- Greater than 5 cm but no more than 15 cm	\$200
- No more than 5 cm	\$50
- Not requiring sutures	\$30
Paralysis	
- Quadriplegia	\$10,000
- Hemiplegia	\$5,000
- Paraplegia	\$5,000
Ruptured/herniated disc	\$400
Emergency dental work	
- Crown(s)	\$200
- Extraction(s)	\$80
<b>Organized sporting activity injury</b>	Increase amount payable under Follow-up Care and Common Injuries sections by 25% up to \$10,000
Family child daycare (per day up to 30 days)	\$28
Lodging (per day up to 30 days)	\$140
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$400
<b>Fractures</b>	Open reduction/closed reduction with anesthesia
- Skull (depressed, except bones of face or nose)	\$6,000/\$3,000
- Skull (simple, except bones of face or nose)	\$2,400/\$1,200
- Hip, thigh (femur)	\$3,600/\$1,800
- Leg (from top of tibia to ankle joint)	\$1,920/\$960
- Pelvis (excluding coccyx)	\$1,920/\$960
- Vertebrae (body of)	\$1,920/\$960

- Rib	\$600/\$300
- Face or nose (except teeth)	\$840/\$420
- Upper arm (elbow to shoulder)	\$840/\$420
- Upper jaw (except alveolar process)	\$840/\$420
- Ankle	\$720/\$360
- Foot (except toes)	\$720/\$360
- Forearm, hand, wrist (except fingers)	\$720/\$360
- Kneecap	\$720/\$360
- Lower jaw (except alveolar process)	\$720/\$360
- Shoulder blade or collarbone	\$720/\$360
- Vertebral process	\$720/\$360
- Coccyx	\$480/\$240
- Finger or toe	\$120/\$60 – Chip fractures: 25% of amounts shown for closed reduction with anesthesia
<b>Dislocations</b>	Open reduction/closed reduction with anesthesia
- Hip	\$6,000/\$3,000
- Elbow	\$900/\$450
- Ankle	\$2,400/\$1,200
- Collarbone (sternoclavicular)	\$1,500/\$750
- Hand	\$900/\$450
- Kneecap (patella)	\$3,000/\$1,500
- Lower jaw	\$900/\$450
- Shoulder blade	\$900/\$450
- Wrist	\$900/\$450
- Collarbone (acromioclavicular separation)	\$300/\$150
- Finger or toe	\$300/\$150
<b>Additional benefits</b>	
Wellness benefit rider	\$75, Employee and insured spouse

## Important details

**This Summary of Benefits sheet is an overview of the Accident Protection Plan being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26.

## Exclusions and renewal provisions

The policy does not cover loss due to disease; bodily or mental infirmity; suicide or intentionally self-inflicted injury; participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities, including any kind of air diving/gliding/bungee jumping, off-road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial, except as a fare-paying passenger on a flight with at least 15 seats); engaging in semi- or professional sports. Injury on the job is only covered under the 24-hour option.\*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy or the Policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.\*

\*Some state variations may apply.

## Exclusions and limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

- Disease, bodily or mental infirmity, or medical or surgical treatment of these (except pyogenic infections through an accidental wound)
- Suicide or intentionally self-inflicted injury
- Active participation in a riot
- Committing or attempting to commit a crime, or participating or attempting to participate in a crime
- Taking part in the commission of an assault or being engaged in an illegal activity
- 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
- Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens or any other such substance, unless prescribed for you by a physician and taken as prescribed
- Driving or in physical control of a motor vehicle while intoxicated
- Engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
- 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
- Travel or flight in, or descent from any aircraft, except if employment duties require you to be a pilot and/or passenger in a privately owned aircraft, or 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
- Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Injury arising out of, or in, the course of any occupation or employment for pay or profit, or any injury or sickness for which you or your dependent are entitled to benefits under any workers' compensation law, employers' liability law or similar law, unless this insurance is issued on an 24-hour basis, as shown in the Schedule
- An accident that occurs outside of the United States

In addition to the exclusions shown above, no payment will be made for treatment received outside of the United States.

## Critical Illness Protection Plan summary of benefits

Effective date	Jan. 1, 2025
Eligibility	All active full-time employees working a minimum of 30 hours per week. You must be actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
<b>Base conditions only</b>	
<b>Cancer conditions</b>	Percentage of maximum benefit amount payable per covered person or dependent
Cancer - invasive	100%
Cancer - non-invasive	25%
<b>Vascular conditions</b>	
Heart attack	100%
Coronary artery disease major (coronary artery bypass surgery)	25%
Coronary artery disease major (coronary artery stent or angioplasty)	25%
Sudden cardiac arrest	100%
Stroke	100%
Ruptured aneurysm	100%
<b>Organ failure conditions</b>	
Chronic renal (kidney) failure*	100%
Heart failure*	100%
Major organ failure (liver, lung, pancreas, small bowel)	100%
Bone marrow disease	100%
<b>Functional loss conditions</b>	
Paralysis accident and sickness	100%
Coma accident and sickness	100%
Loss of hearing accident and sickness*	100%
Loss of sight accident and sickness*	100%
Loss of speech accident and sickness*	100%
<b>Neurological disease conditions* (diagnosis only)</b>	
Alzheimer's disease	25%
Huntington's disease	25%
Multiple sclerosis	25%
Parkinson's disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
<b>Advanced Neurological Disease Conditions* (loss of ADLs)</b>	
Advanced Alzheimer's disease	100%
Advanced amyotrophic lateral sclerosis (ALS)	100%
Advanced Huntington's disease	100%
Advanced multiple sclerosis	100%
Advanced Parkinson's disease	100%

\*Not eligible for the recurrence benefit.

## Critical Illness Protection Plan summary of benefits

<b>Additional conditions</b>	
Addison's disease*	25%
Benign brain tumor	100%
Myasthenia gravis*	25%
Systemic lupus erythematosus*	25%
Systemic sclerosis (scleroderma)*	25%
<b>Childhood disease conditions*</b>	
Cerebral palsy	100% of the Dependent Child benefit
Cleft lip/palate	100% of the Dependent Child benefit
Cystic fibrosis	100% of the Dependent Child benefit
Down syndrome	100% of the Dependent Child benefit
Congenital heart disease	100% of the Dependent Child benefit
Childhood diabetes	100% of the Dependent Child benefit
Muscular dystrophy	100% of the Dependent Child benefit
Sickle cell anemia	100% of the Dependent Child benefit
Spina bifida	100% of the Dependent Child benefit
<b>Additional benefits</b>	
Wellness benefit exams	\$75
<b>Wellness benefits covered exams</b>	

- Antibody or serology testing
- At-home screening tests for colon cancer
- Biopsy
- Blood test for cholesterol
- Blood test for triglycerides
- Biometric screenings
- Bone density scans
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- 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 abdominal aorta
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram
- Endoscopy

- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Hemoglobin A1C (HbA1c)
- HPV testing
- Lipid panel
- Mammography
- Monoclonal antibody therapy
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep® pap test
- Virtual colonoscopy
- Wellness fair screening
- Whole body skin cancer screening

\*Not eligible for the recurrence benefit.

## Critical Illness Protection Plan summary of benefits

Benefits payable			
Voluntary benefits	Option 1	Option 2	Option 3
Employee guarantee issue benefit	\$5,000	\$10,000	\$20,000
Spouse guarantee issue benefit	\$2,500	\$5,000	\$10,000
Child(ren) guarantee issue benefit	\$1,250	\$2,500	\$5,000
Employee must purchase coverage in order to purchase dependent coverage. Dependent benefits cannot exceed the Employee benefit amount.			
Additional benefits			
Recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months. No treatment-free requirement.		
Additional occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition.		
Cancer recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a cancer covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months.		
Cancer recurrence treatment-free requirement	None		
Portability	Included		
Additional occurrence – separation period	None		
Pre-existing condition exclusion	Waived		
Wellness benefit	\$75 payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and child.		

## Important details

**This Summary of Benefits sheet is an overview of the Critical Illness Protection Plan being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26.

The Employee must be enrolled in coverage in order for dependent coverage to be available.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the policy; or benefits have been fully paid for qualifying conditions or the policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.

## Exclusions and limitations

**We will not cover a critical illness under the policy if it is due to:**

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
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

**Cosmetic or elective surgery exclusion:**

We will not cover a critical illness 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
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
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

**Elective surgery means:**

1. Cosmetic surgery
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
  - 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
3. Bariatric surgery performed in conjunction with a diagnosis of morbid obesity



## **Announcement:** Required Hospital Indemnity Disclosure

The Departments of Labor, Treasury and Health and Human Services (the “Tri-Agencies”) now require a consumer notice be incorporated into materials related to both Group and Individual Hospital Indemnity Insurance. This federal mandate applies to all carriers offering these products.

## **Tri-Agency Disclosure:**

### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you’re sick or hospitalized. You’re still responsible for paying the cost of your care.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website ([naic.org](https://www.naic.org)) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact the employer.

## Peter Kiewit Sons', Inc.

# Hospital Indemnity Protection Plan summary of benefits

Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective date	Jan. 1, 2025
Eligibility	All Active Full-Time Employees working a minimum of 30 hours per week. You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.
<b>Benefits payable</b>	<b>Voluntary coverage</b>
Plan design	HIPP HSA Plan
Coverage level	Base + Enhanced
Pre-existing conditions exclusion	None
Portability	Included
<b>Benefits payable</b>	
Hospital admission (1 day/plan year)	\$1,000
Hospital confinement (up to 29 days/plan year)	\$200
ICU confinement (up to 29 days/plan year)	\$200
ICU admission (1 day/plan year)	\$1,000
Emergency room (1 day/plan year)	\$100
Lodging (1 day/plan year)	\$100
Transportation (1 day/plan year)	\$150
<b>Additional benefits</b>	
Wellness benefit rider	\$75, employee paid for employee and insured spouse

## Important details

**This Summary of Benefits sheet is an overview of the Hospital Indemnity Protection Plan being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26.

\*Admission to a Hospital for at least 20 hours for which a full day's room and board charge is made. It does not include an Emergency Room admission, any Outpatient Treatment or any stay in an Observation Unit when there is no charge for room and board

## Exclusions and renewal provisions

### Exclusions and limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

- 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
- 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
- Any intentionally self-inflicted injury
- Active participation in a riot
- Committing or attempting to commit a felony, or participating or attempting to participate in a felony
- Taking part in the commission of an assault or being engaged in an illegal activity
- 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; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy
- Cosmetic or elective surgery
- Treatment received outside the United States or its territories
- The reversal of a tubal ligation or vasectomy
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law
- Participation in any form of aeronautics (including parachuting and hang gliding), except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
- A newborn child's routine nursing or routine well baby care during the initial confinement in a hospital; in addition to the exclusions shown above, no payment will be made for treatment received outside of the United States
- Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
- Mental and nervous disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy
- Dental or plastic surgery for cosmetic purposes except when such surgery is required to: a) treat an injury; or b) correct a disorder of normal bodily function
- Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

## Current monthly cost\* tables

Accident Protection Plan	Monthly rate
Employee	\$9.73
Employee + Spouse	\$15.54
Employee + Child(ren)	\$12.42
Employee + Spouse + Child(ren)	\$18.23

Hospital Idemnity Protection Plan	Monthly rate
Employee	\$16.42
Employee + Spouse	\$42.72
Employee + Child(ren)	\$33.89
Employee + Spouse + Child(ren)	\$64.15

Critical Illness Protection Plan			
Benefit Options	Option 1	Option 2**	Option 3**
Employee	\$5,000	\$10,000	\$20,000
Spouse	\$2,500	\$5,000	\$10,000
Child(ren)	\$1,250	\$2,500	\$5,000

Employee must purchase coverage in order to purchase on spouse and/or child(ren)

\*\*Employee may choose from lower coverage options for spouse and child(ren)

Monthly rate Employee per \$1,000		
Age range	Non-tobacco	Tobacco
Under 25	\$0.22	\$0.25
25-29	\$0.31	\$0.34
30-34	\$0.39	\$0.46
35-39	\$0.52	\$0.68
40-44	\$0.72	\$1.06
45-49	\$1.20	\$2.24
50-54	\$1.83	\$3.24
55-59	\$2.63	\$4.80
60-64	\$4.08	\$7.99
65-69	\$5.67	\$10.99
70-74	\$8.26	\$16.99
75+	\$10.50	\$19.63

Monthly rate Spouse per \$1,000		
Age range	Non-tobacco	Tobacco
Under 25	\$0.21	\$0.22
25-29	\$0.29	\$0.32
30-34	\$0.38	\$0.43
35-39	\$0.53	\$0.63
40-44	\$0.79	\$1.02
45-49	\$1.17	\$1.69
50-54	\$1.60	\$2.54
55-59	\$2.14	\$3.70
60-64	\$3.04	\$5.63
65-69	\$4.36	\$8.46
70-74	\$6.01	\$11.19
75+	\$8.33	\$14.20

Monthly rate Child(ren) per \$1,000
\$0.16

\*The costs shown on these tables are based on the employee and spouse ages being the same. Any applicable age-related benefit reductions are included.

# Supplemental health plans that help protect your health too

Your UnitedHealthcare Supplemental Health Plans includes a wellness benefit that helps pay for preventive care and other health screenings.

## To earn the wellness benefit, complete at least 1 of these screenings or tests:

- ✓ Blood test for breast cancer (CA 15-3)
- ✓ Blood test for colon cancer (CEA)
- ✓ Blood test for myeloma (serum protein electrophoresis)
- ✓ Blood test for ovarian cancer (CA 125)
- ✓ Blood test for prostate cancer (PSA)
- ✓ Blood test for triglycerides
- ✓ Bone marrow testing
- ✓ Breast ultrasound
- ✓ Chest X-ray
- ✓ Colonoscopy
- ✓ Fasting blood glucose test
- ✓ Flexible sigmoidoscopy
- ✓ Hemocult stool analysis
- ✓ Mammogram
- ✓ Pap smear
- ✓ Serum cholesterol test to determine level of HDL and LDL
- ✓ Stress test on a bicycle or treadmill
- ✓ Thermography
- ✓ Virtual colonoscopy

## Program rules

- 1 The benefit will only pay for 1 test each calendar year, regardless of the test results. The benefit is available to you and your covered Spouse for Accident and Hospital Indemnity, and to you and your covered Spouse and/or Child(ren) for Critical Illness. If you are enrolled in multiple products, 1 covered health screening will result in a payment under each plan you are enrolled in.
- 2 If you are enrolled in the UnitedHealthcare medical plan we will review your eligible medical claims to determine a benefit payout and mail a check to your address on file.
- 3 If you are not enrolled in the UnitedHealthcare medical plan or would like to submit your own claim, please call 1-800-444-5854 to initiate your claim.

**Each calendar year, for each product you are enrolled in, you could earn:**

**\$75**

# Handy tips to get started



With UnitedHealthcare, you've got a helping hand.

We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you. We are here to help make filing your claim easier. Built for simplicity and speed, the supplemental health website offers self-service access to your claims – from any device.

① **Register** at [myuhcfp.com](https://myuhcfp.com)

② Click *Member Log In*.

The first time you will need your Group ID **305812** and Group **Peter Kiewit Sons', Inc.**  
If you do not have this information, please call Customer Service at **1-800-444-5854**.

At [myuhcfp.com](https://myuhcfp.com) you can:

- Access supplemental health claims information 24/7
- Initiate claims or update existing claims
- View claims correspondence
- Track claims status and payment history
- Update banking info

# Benefit Assist is here to help



## You can focus on your health while we handle the rest

If you're enrolled in a UnitedHealthcare health plan and a supplemental plan – such as Accident, Critical Illness or Hospital Indemnity – you have access to personalized support from Benefit Assist. Benefit Assist can help make the process easier and help you get paid faster by:

- Reviewing your eligible medical claims to see if you qualify for a benefit payout
- Notifying you if any medical claims may qualify for a benefit payout from your supplemental plan
- Connecting you with a claims specialist who will walk you through the process of submitting a supplemental plan claim

This service is available at no additional cost as part of your medical and supplemental plan benefits.

## How does it work?



**Benefit Assist identifies a claim**



**Benefit assistant contacts member to start claim**



**Claim processed**



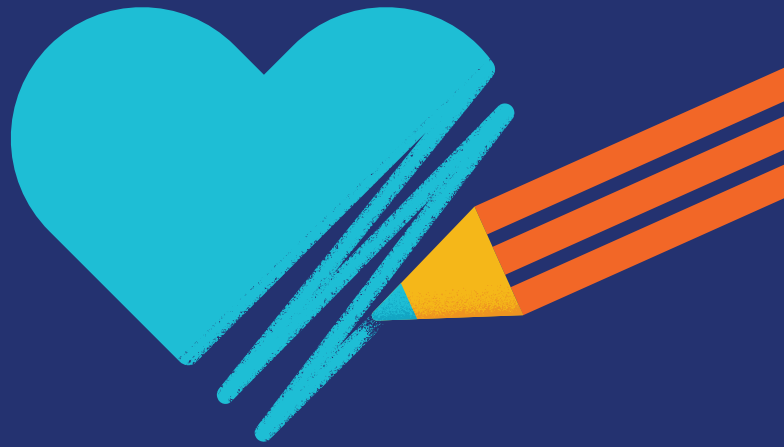
**Final benefit determination**

There's no obligation to use Benefit Assist to file your supplemental health plan claim. You have the option to submit your own claim by calling the number below.

**Call 1-800-444-5854**

**Monday–Friday, 8 a.m.–8 p.m. ET**

# Easy steps to file a manual claim



Follow these steps if you have a UnitedHealthcare Accident, Critical Illness or Hospital Indemnity Plan.



## Steps to file a claim

Use the informational checklist below to gather the required information to start the claim process. Have this information ready when you call us. If someone makes the call for you, he or she will need to provide this information on your behalf. Call us toll free at **1-800-444-5854**. Hours of operation are Monday–Friday, 8 a.m.–8 p.m. ET.

### Information checklist

- ✓ Employer's name and location
- ✓ Your full name and Social Security number
- ✓ Your complete address and phone number
- ✓ Date of birth
- ✓ Marital status and number of dependents
- ✓ Last day you worked
- ✓ Details of medical event
- ✓ Physician's name, address and phone number
- ✓ Date(s) of treatment

### After receiving all the completed paperwork, we will:

- ✓ Inform you by phone or letter within 5 business days that we are reviewing everything
- ✓ Ensure your claim receives a thorough, fair and objective evaluation
- ✓ Send benefit payment to you upon approval, if it applies; if your claim is not approved, a claim specialist will inform you by phone and letter

# Here's the fine print

## We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

Online: [uhc\\_civil\\_rights@uhc.com](mailto:uhc_civil_rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Complaint forms are available at  
[hhs.gov/civil-rights/filing-a-complaint/index.html](https://hhs.gov/civil-rights/filing-a-complaint/index.html)

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تويوغللا تدعاسمال تامدخ ناف، (Arabic) تيب رعلا ثدحتت تنك اذا: ميبنت  
ىلع جردملا يناعملا فتاعلا مقرب لاصتالا يجرى. لكل عحاتم تيناعملا  
كعب تصاعلا فيرعثلا قعاطب.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.



UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018), et al. in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). 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 are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Critical Illness plan is provided by UnitedHealthcare 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 plans are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity plan is provided by UnitedHealthcare Insurance Company on form UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The plan provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY 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 plans are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

Benefit Assist support requires members to be enrolled in a health plan and supplemental health plan (Accident, Critical Illness or Hospital Indemnity) from UnitedHealthcare. Benefit payments associated with a Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare sales representative.

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.