UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.

The Accident Protection Plan helps protect employees from costly expenses associated with an accident. All benefits are paid directly to the insured and can be used towards any expense.

Your Accident Protection Plan highlights:

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Benefits Payable*	Maximum Amount Payable per Insured	
**All Benefits are payable once per covered accident unless otherwise noted*	Option A	Option B
Accidental Death & Dismemberment (Spouse Benefit is 100% of EE; Child benefit 50% of EE)		
Death & Dismemberment		
- Life	$25,000	$50,000
- Both hands or both feet	$25,000	$50,000
- One hand and one foot	$25,000	$50,000
- One hand or one foot	$12,500	$25,000
- Two or more fingers or toes	$5,000	$10,000
- One finger or one toe	$2,500	$5,000
- Sight of both eyes	$12,500	$25,000
- Hearing in both ears	$12,500	$25,000
- Speech	$12,500	$25,000
Common Carrier		
- Life	$50,000	$100,000
Initial Care		
Ground or Water Ambulance *(1 per accident)*	$300	$400
Air Ambulance *(1 per accident)*	$1,000	$1,200
Emergency Room Treatment *(1 per covered accident)*	$150	$200
Physician Office/Telemedicine/Urgent Care *(1 per covered accident)*	$75	$100
Hospital Care		
Hospital Admission *(1 per covered accident)*	$1,000	$1,500
Hospital Confinement *(up to 365 days per accident; starting Day 2 of Confinement)*	$200	$300
Hospital ICU Admission *(1 per covered accident)*	$2,000	$3,000

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.

UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

Hospital ICU Confinement *(up to 30 days per accident; starting Day 2)*	$400	$600
Intermediate Intensive Care/Step-Down Unit Confinement *(up to 30 days per accident; starting Day 2)*	$300	$600
Hospital Observation *(1 per accident))*		
- Up to 20 hours	$200	$400
- Over 20 hours	$1,000	$1,500
Follow Up Care		
Chiropractic Care *(5 per accident)*	$25	$50
Durable Medical Equipment *(2 per accident)*		
- Wheelchair	$150	$300
- Hospital Bed	$150	$300
- Knee Scooter	$150	$300
- Knee Immobilizer	$150	$300
- Lumbar Spine Brace	$150	$300
- Cervical Collar	$100	$200
- Crutches	$100	$200
- Halo	$100	$200
- Leg Brace	$100	$200
- Walker	$100	$200
- Walking Boot	$100	$200
- Air Cast	$50	$100
- Ankle Boot	$50	$100
- Ankle Brace	$50	$100
- Shower Chair	$50	$100
- Cane	$25	$50
- Foot Brace/Sleeve	$25	$50
- Wrist Brace	$25	$50
Follow up Physician Visit *(5 per accident)*	$75	$100
Home Health Care *(5 per accident)*	$25	$50
Major Diagnostic Exam *(1 per accident)*		
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	$150	$200
Minor Diagnostic Exam *(1 per accident)*		
- X-ray; or a laboratory test	$150	$200
Outpatient IV Infusion Therapy Benefit *(1 per accident)*	$25	$50
Pain Management *(1 per accident)*	$50	$100
Prosthetic *(up to 2 per accident)*	$500	$750
Rehabilitation Facility Confinement *(per day up to 30 days)*	$50	$100
Rehabilitation Therapy Outpatient	$25	$50

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.

(per visit up to 10 Visits; includes physical therapy, occupational therapy, speech therapy)		
Common Injuries		
Bite/Sting	$25	$50
Blood/Plasma/Platelets *(1 per accident)*	$300	$400
Burns (2nd or 3rd degree)		
- Less than 10% of body surface	$500	$1,000
- 10-19% of body surface	$1,000	$2,000
- 20-29% of body surface	$8,000	$16,000
- 30-39% of body surface	$10,000	$20,000
- 40% and greater of body surface	$15,000	$25,000
Coma	$5,000	$10,000
Concussion	$300	$500
Dislocations	**Surgically Corrected/Non-Surgically Corrected**	
(highest 2 dislocations per accident)	***Partial Dislocations: 25% of the Non-Surgically Corrected Amount***	
- Hip	$5,250 / $2,625	$5,250 / $2,625
- Knee Cap (Patella)	$2,600 / $1,300	$2,600 / $1,300
- Ankle	$3,300 / $1,650	$3,300 / $1,650
- Shoulder	$1,000 / $500	$1,000 / $500
- Foot (except toes)	$3,300 / $1,650	$3,300 / $1,650
- Collar Bone (Sternoclavicular)	$1,350 / $650	$1,350 / $650
- Elbow	$800 / $400	$800 / $400
- Hand	$800 / $400	$800 / $400
- Lower Jaw	$800 / $400	$800 / $400
- Wrist	$1,000 / $500	$1,000 / $500
- Collar Bone (Acromioclavicular separation)	$500 / $250	$500 / $250
- Finger	$250 / $125	$250 / $125
- Toe	$250 / $125	$250 / $125
Emergency Dental Work *(2 per accident)*		
- Crown(s)	$200	$400
- Extraction(s)	$100	$200
Fractures	**Surgically Corrected/Non-Surgically Corrected**	
(highest 2 fractures per accident)	***Chip Fractures: 25% of the Non-Surgically Corrected Amount***	
- Skull (depressed)	$7,000 / $3,500	$9,000 / $4,500
- Hip, Thigh (femur)	$5,250 / $2,625	$6,750 / $3,375
- Sternum	$900 / $450	$1,100 / $550
- Leg	$2,700 / $1,350	$3,300 / $1,650
- Pelvis	$2,100 / $1,050	$2,700 / $1,350
- Skull (simple)	$3,500 / $1,750	$4,500 / $2,250
- Vertebrae (body of)	$2,100 / $1,050	$2,700 / $1,350
- Ankle	$900 / $450	$1,100 / $550

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.

- Collarbone	$900 / $450	$1,100 / $550
- Forearm	$900 / $450	$1,100 / $550
- Foot (excluding toes)	$700 / $350	$900 / $450
- Hand	$900 / $450	$1,100 / $550
- Kneecap (patella)	$700 / $450	$900 / $450
- Lower Jaw	$700 / $350	$900 / $450
- Shoulder Blade	$900 / $450	$1,100 / $550
- Upper Arm	$1,050 / $525	$1,350 / $675
- Wrist	$900 / $450	$1,100 / $550
- Face or Nose (excludes teeth)	$1,050 / $525	$1,350 / $675
- Sacral / Sacrum	$1,750 / $875	$2,250 / $1,125
- Upper Jaw	$1,050 / $525	$1,350 / $675
- Vertebral Process	$700 / $350	$900 / $450
- Coccyx	$700 / $350	$900 / $450
- Rib	$700 / $350	$900 / $450
- Finger	$350 / $175	$450 / $225
- Toe	$350 / $175	$450 / $225
Internal Organ Injury	$100	$200
Lacerations		
- Less than 2.6 cm	$30	$60
- 2.6 - 7.5 cm	$50	$100
- 7.6 - 20 cm	$200	$400
- Greater than 20 cm	$400	$800
Medically Induced Coma	$2,500	$5,000
Paralysis		
- 1 limb	$2,500	$5,000
- 2 limbs	$5,000	$10,000
- 3 limbs	$7,500	$12,500
- 4 limbs	$10,000	$20,000
Puncture Wound	$25	$50
Ruptured/Herniated Disc *(no surgical repair) (1 per accident)*	$400	$800
Skin Graft *(payable based on the Burns benefits)*	25%	25%
Surgery		
Abdominal/Thoracic Surgery *(1 per accident)*		
- Surgery to repair	$1,000	$1,500
- Exploratory without repair	$150	$225
Cranial Surgery *(1 per accident)*	$1,000	$1,500
Joint Replacement Surgery *(1 per accident)*	$750	$1,125
Ruptured/Herniated Disc Surgery *(1 per accident)*	$750	$1,125
Tendon / Ligament / Cartilage Surgery *(2 per accident)*		
- Surgery to repair one	$750	$1,125

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.

- Exploratory without repair	$150	$225
Arthroscopic Surgery *(1 per accident)*	$200	$300
Eye Surgery *(1 per accident)*		
- Removal of foreign body	$100	$150
- Surgical Repair	$200	$300
Hernia Surgery *(1 per accident)*	$200	$300
Non-Specific Surgery *(1 per accident)*		
- General Anesthesia	$200	$300
- Conscious Sedation	$100	$150
Organized Sporting Activity Injury		
Payable for all covered persons	Increases benefits by 25%	
Additional Benefits		
Caregiver Benefit *(payable after hospital stay or surgery)*	$50	$100
Family Care *(per day up to 30 days)*	$30	$60
Lodging *(per day up to 30 days)*	$150	$300
Mental Health/PTSD	$100	$300
Pet Boarding *(per day up to 30 days)*	$25	$35
Prescription Drugs *(1 per accident)*	$25	$35
Residence Modification	$1,000	$2,000
Service Dog	$100	$300
Transportation *(per day up to 3 days)*	$75	$150
Vehicle Modification	$1,000	$2,000
Wellness Benefit		
Wellness *See Wellness Details page for covered exams*	$50 Benefit payable upon completion of a covered Wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and child. See Wellness page for details	

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.

UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

Wellness Covered Exams	
Antibody or Serology testing	Endoscopy
At-Home Screening tests for Colon Cancer	Fasting blood glucose test
Biopsy	Fasting plasma glucose (FPG)
Blood Test for Cholesterol	Flexible sigmoidoscopy
Blood test for triglyceride	Hemoccult stool analysis
Biometric Screenings	Hemoglobin A1C(HbA1c)
Bone Density scans	HPV Testing
Bone marrow testing	Lipid Panel
Breast ultrasound	Mammography
Breast MRI	Monoclonal Antibody Therapy
CA 15-3 (blood test for breast cancer)	Pap smear
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Routine Physicals (up to age 18)
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Complete Blood Count	Thinprep pap test
Doppler screening for carotids	Thermography
Doppler screening for peripheral vascular disease	Serum cholesterol test to determine level of HDL and LDL
Doppler Screening for abdominal aorta	Virtual Colonoscopy
Echocardiogram	Fair Screening
Electrocardiogram	Well-Child Exams (up to age 18)
	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

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.

UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur while coverage is in force.
Who pays for my coverage?	Your employer has made 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.
Can I keep my coverage if I leave my employer?	See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork. Portability May be available for spouse and children when the employee elects Portability. You can continue all or a portion of your Accident insurance. Evidence of Insurability is not required. Must apply and pay premium within 31 days of termination of your Accident insurance. Some state variations may apply.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

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.

UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

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*

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide, attempted suicide, or intentionally self-inflicted Injury;
3. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
4. taking part in the commission of an assault or being engaged in an illegal activity;
5. 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;
6. Intoxication or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You or Your Dependent(s) by a Physician and taken as prescribed;
7. engaging in skydiving, hang gliding, auto racing, mountaineering (using ropes and/or other technical equipment), parachuting, Russian Roulette, bungee jumping, or base jumping;
8. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
9. aviation, except flight as a pilot or fare-paying passenger on a commercial or chartered aircraft;
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. Sickness; This exclusion does not apply to the Mental Health Condition/Post Traumatic Stress Disorder (PTSD) Benefit if covered under the Policy;
12. an Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury for which You or Your Dependent(s) 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;
13. 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 Provision(s).

**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.*

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.

UnitedHealthcare

Momentive Software
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2027

Accident Protection Plan Cost Summary

Rates - 24 Payroll Deductions	Voluntary *	
Quoted Rates - Per Employee Per Pay Period (24)	Option A	Option B
Employee Only	$2.62	$3.80
Employee & Spouse	$5.18	$7.47
Employee & Children	$6.24	$8.97
Employee & Spouse & Children	$8.80	$12.63

*Cost Includes Wellness Benefit

UnitedHealthcare Accident Protection product 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 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.