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

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 C	Option D
Diagnosis of the covered condition must occur after insured is covered by the group contract; benefits are not payable for a diagnosis that occurs prior to the coverage effective date.				
Employee	$10,000	$20,000	$30,000	$40,000
Spouse	$10,000	$20,000	$30,000	$40,000
Child(ren)	$5,000	$10,000	$15,000	$20,000

Plan Provisions	
Reoccurrence Benefit**	Benefit payable for the same Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition category
Portability	Included

Covered Conditions *** Not eligible for the Reoccurence benefit*	Percentage of Insured's Maximum Benefit Amount 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	

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Coma	100%
Loss of Hearing**	100%
Loss of Sight**	100%
Loss of Speech**	100%
Paralysis	100%
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%
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
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%
Advanced Neurological Disease Conditions (loss of ADLs)**	
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%
Occupational Conditions**	
Occupational Hepatitis	100%
Infectious Disease Conditions	
Coronavirus (COVID) with 3 day Hospitalization	$1,000

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Infectious Disease Minor (Diagnosis Only)*	25%

**Cerebrospinal Meningitis (bacterial), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Methicillin-Resistant Staphylococcus Aureus (MRSA), Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Tetanus, Tuberculosis*

Additional Benefits

Wellness Benefit	$50 Payable Once per calendar year per Insured

Wellness Benefit 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 triglycerides	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 (through age 18)
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Complete Blood Count	Thin prep 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	Routine Well-Child Exams (through age 18)
Electrocardiogram	Wellness Fair 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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Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

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 benefit be payable?	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. 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. However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.

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

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 $10,000/ SP $10,000/ CH $5,000 *			
	EE Only	**EE + SP**	**EE + CH**	**EE + SP + CH**
Age Range	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**
Under 25	$1.15	$2.30	$1.65	$2.80
25-29	$1.45	$2.90	$1.95	$3.40
30-34	$1.85	$3.70	$2.35	$4.20
35-39	$2.53	$5.05	$3.03	$5.55
40-44	$3.75	$7.50	$4.25	$8.00
45-49	$5.90	$11.80	$6.40	$12.30
50-54	$9.15	$18.30	$9.65	$18.80
55-59	$12.75	$25.50	$13.25	$26.00
60-64	$19.60	$39.20	$20.10	$39.70
65-69	$24.60	$49.20	$25.10	$49.70
70-74	$33.63	$67.25	$34.13	$67.75
75+	$53.10	$106.20	$53.60	$106.70

Employee Paid	Option 2: EE $20,000/ SP $20,000/ CH $10,000 *			
	EE Only	**EE + SP**	**EE + CH**	**EE + SP + CH**
Age Range	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**	**Uni-Tobacco**
Under 25	$2.30	$4.60	$3.30	$5.60
25-29	$2.90	$5.80	$3.90	$6.80
30-34	$3.70	$7.40	$4.70	$8.40
35-39	$5.05	$10.10	$6.05	$11.10
40-44	$7.50	$15.00	$8.50	$16.00
45-49	$11.80	$23.60	$12.80	$24.60
50-54	$18.30	$36.60	$19.30	$37.60
55-59	$25.50	$51.00	$26.50	$52.00
60-64	$39.20	$78.40	$40.20	$79.40
65-69	$49.20	$98.40	$50.20	$99.40
70-74	$67.25	$134.50	$68.25	$135.50
75+	$106.20	$212.40	$107.20	$213.40

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Employee Paid	Option 3: EE $30,000/ SP $30,000/ CH $15,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	$3.45	$6.90	$4.95	$8.40
25-29	$4.35	$8.70	$5.85	$10.20
30-34	$5.55	$11.10	$7.05	$12.60
35-39	$7.58	$15.15	$9.08	$16.65
40-44	$11.25	$22.50	$12.75	$24.00
45-49	$17.70	$35.40	$19.20	$36.90
50-54	$27.45	$54.90	$28.95	$56.40
55-59	$38.25	$76.50	$39.75	$78.00
60-64	$58.80	$117.60	$60.30	$119.10
65-69	$73.80	$147.60	$75.30	$149.10
70-74	$100.88	$201.75	$102.38	$203.25
75+	$159.30	$318.60	$160.80	$320.10

Employee Paid	Option 4: EE $40,000/ SP $40,000/ CH $20,000 *			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	$4.60	$9.20	$6.60	$11.20
25-29	$5.80	$11.60	$7.80	$13.60
30-34	$7.40	$14.80	$9.40	$16.80
35-39	$10.10	$20.20	$12.10	$22.20
40-44	$15.00	$30.00	$17.00	$32.00
45-49	$23.60	$47.20	$25.60	$49.20
50-54	$36.60	$73.20	$38.60	$75.20
55-59	$51.00	$102.00	$53.00	$104.00
60-64	$78.40	$156.80	$80.40	$158.80
65-69	$98.40	$196.80	$100.40	$198.80
70-74	$134.50	$269.00	$136.50	$271.00
75+	$212.40	$424.80	$214.40	$426.80

***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.

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