

# UnitedHealthcare

## Critical Illness Plan Proposal for Ascen Workforce

Effective Date: 07/01/2026

<b>Critical Illness Protection Plan</b>	
Prospect Name	Ascen Workforce
Proposed Effective Date	7/1/2026
Eligibility	All active, full time employees working a minimum of 30 hours per week
Funding Type	Voluntary
Covered Conditions	Sold UAF for
<b>Benefits Payable</b>	
	<b>Voluntary Benefits</b>
	<b>Option 1</b>
Employee Guarantee Issue	\$10,000
Spouse Guarantee Issue	\$5,000
Child(ren) Guarantee Issue	\$5,000
Employee must purchase coverage in order to purchase dependent coverage.	
*If employee elects these coverage options for themselves, they may also choose from lower coverage options for Spouse and Children	
Portability	Included at Employer's group rate with age limit of 75.
Telephonic Claim Submission	Included
Reoccurrence 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, during which time there has been no treatment for that condition.
Additional Occurrence Benefit	100% of maximum benefit amount payable per covered employee or dependent for a different covered condition. Diagnosis dates must be separated by at least 90 Days.
<b>Limitations and Exclusions</b>	
Benefit Reduction	50% benefit reduction at age 70
Coverage Termination	At Retirement
<b>Base Covered Conditions</b>	
<b>% of Maximum Benefit Amount Payable per Insured</b>	
Benign Brain Tumor	100%
Cancer - Invasive	100%
Cancer - Non-Invasive	25%
Chronic Renal Failure	Sold UAF for
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
<b>Additional Covered Conditions</b>	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%

Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
<b>Child Only Covered Conditions</b>	
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount
Spina Bifida	25% of Employee's Amount