



# Welcome to your FlexWork benefits



## 2026 enrollment guide for

Ascen Workforce LLC

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United  
Healthcare®

**Ascen**

# Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fit your needs. You'll also have a chance to explore additional wellness programs and resources, many of which are included in your plan at no extra cost.

## What coverage is available?

Your UnitedHealthcare FlexWork® benefits are designed to help you care for your health with:

- Limited medical plans with pharmacy
- Hospital Indemnity Protection
- Dental Plan
- Vision Plan
- Accident Indemnity
- Critical Illness Indemnity

## Who is eligible to enroll?

Benefits are available to Employees and their eligible dependents. Employees must be covered to elect dependent coverage.

## Eligibility for the FlexWork Edge Advantage Minimum Value Plan (MVP)

Eligibility for the FlexWork Edge Advantage Minimum Value Plan (MVP) is based on your work status and hours. You are eligible if you:

- Are classified as a full-time employee, and
- Are regularly scheduled to work 30 or more hours per week

Eligibility is reviewed on an ongoing (dynamic) basis and may change if your hours or employment status change.

## Answers and support



**UnitedHealthcare FlexWork**

**1-855-892-2401**

Monday-Friday

7:30 a.m.-8 p.m. CT

# FlexWork Limited Medical Plans, Minimum Essential Coverage and Minimum Value Plan

UnitedHealthcare FlexWork Limited Medical Plans, Minimum Essential Coverage (MEC) and Minimum Value Plan (Limited MVP) are limited medical plans designed to make being healthier more accessible and affordable. The Plans cover preventive services<sup>1</sup> at no cost to you, as well as many of the most frequently utilized health care services at fixed copayments.

## Key features



### \$0 cost benefits

- Health care reform preventive services and medications<sup>1</sup>
- Unlimited \$0 copay 24/7 virtual doctor visits for many non-urgent needs
- Unlimited \$0 copay Emotional Support Line visits
- Diagnostic Laboratory Testing
- Optum Perks™ Discount Pharmacy Card
- MedCents Advocacy bill negotiation services for non-covered medical bills



### Benefits from day one

- All benefits are effective on your first day of coverage
- No deductible and no coinsurance for medical benefits except emergency room visits, when covered
- Fixed copayments for covered non-emergency medical benefits
- Medical and preventive pharmacy benefits included
- Annual limits for physician visits and other outpatient services
- Per admission limits for inpatient services, when covered



### Nationwide provider and pharmacy access

- UnitedHealthcare Choice network
- 1.7 million+ medical providers and facilities<sup>2</sup>
- 75,000+ pharmacies<sup>3</sup>
- Plan covers services rendered by network providers and pharmacies only. Out-of-network services are not covered unless required by law.
- Walgreens® is a preferred pharmacy—you may save more when you use it



## Other features



No pre-existing condition exclusions



No annual or lifetime dollar limits



Member ID card to present to your medical provider



Pretax payroll deductions help to lower your taxable income



**FlexWork is a limited medical plan and does not provide comprehensive coverage and therefore may not be suitable for everyone.**

<sup>1</sup>See complete list of ACA Preventive services within this benefits guide.

<sup>2</sup>UnitedHealthcare Employer and Individual network statistics, ending Q3 2024.

<sup>3</sup>UnitedHealthcare pharmacy network count, accessed December 2021: [uhc.com/employer/health-plans/pharmacy/total-cost-management/retail-pharmacy-networks](https://uhc.com/employer/health-plans/pharmacy/total-cost-management/retail-pharmacy-networks).

# FlexWork Basic and Standard Limited Medical MEC Plans with Pharmacy

## Benefit and Cost Summary

General description	Basic MEC Medical Plan		Standard MEC Medical Plan	
<b>Deductible, coinsurance</b>	\$0 deductible, 0% coinsurance		\$0 deductible, 0% coinsurance (except tiers 3, 4 pharmacy benefits)	
<b>Annual out-of-pocket maximum</b>	\$9,200 individual, \$18,400 family		\$9,200 individual, \$18,400 family	
<b>Network access</b>	UnitedHealthcare Choice (medical), Optum Rx® (pharmacy)			
Covered benefits (in-network only unless otherwise required)	Member cost	Annual limit	Member cost	Annual limit
<b>Preventive care services*</b>	\$0 copay (covered in full)	ACA allowable	\$0 copay (covered in full)	ACA allowable
<b>Physician office visits</b>	\$25 copay primary care visit \$50 copay specialist	4 combined visits	\$25 copay primary care visit \$50 copay specialist	4 combined visits
<b>Urgent care</b>	\$150 copay	2 visits	\$150 copay	2 visits
<b>Virtual Care</b>	\$0 copay	Unlimited	\$0 copay	Unlimited
<b>Emotional Support Line</b>	\$0 copay	Unlimited	\$0 copay	Unlimited
<b>Emergency room visits</b>	Not covered		Not covered	
<b>Hospital admissions</b> <small>Includes radiology, anesthesiology, pathology and mental health/substance use disorder services</small>	Not covered		Not covered	
<b>Outpatient surgery</b> <small>Includes radiology, anesthesiology and pathology services</small>	Not covered		Not covered	
<b>Minor diagnostic lab</b>	\$50 office/freestanding \$150 hospital outpatient	1 date of service (unlimited tests per day)	\$50 office/freestanding \$150 hospital outpatient	1 date of service (unlimited tests per day)
<b>Minor diagnostic imaging tests (X-ray)</b>	Not covered		\$50 office/freestanding \$150 hospital outpatient	1 date of service (unlimited tests per day)
<b>Major diagnostic imaging tests (MRI, CT, etc.)</b>	Not covered		\$50 office/freestanding \$150 hospital outpatient	1 date of service (unlimited tests per day)
<b>Chiropractor, acupuncture visits</b>	Not covered		\$15 copay	10 combined visits
<b>Outpatient mental health, substance use disorder</b>	Members can access care via the physician office visit, Emotional Support Line or Virtual Care benefits			

Pharmacy benefits	Member cost	
FlexWork Limited Prescription Drug Benefit (FlexWork Limited PDL)	Optum Perks discount card included <b>\$15</b> copay tier 1 <b>\$30</b> copay tier 2 50% coinsurance tiers 3 and 4 Enhanced Savings Discount Program and Optum Perks discount card included	
Monthly payroll deductions	Basic MEC Plan	Standard MEC Plan
Employee only	<b>\$103.79</b>	<b>\$166.12</b>
Employee and spouse	<b>\$244.07</b>	<b>\$394.92</b>
Employee and child(ren)	<b>\$183.81</b>	<b>\$296.63</b>
Employee and family	<b>\$333.97</b>	<b>\$541.54</b>

\* Annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventative contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventative care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments or coinsurance for these benefits. Always review your benefit plan documents to determine your specific coverage details.

FlexWork Medical Products are not available for enrollment in Hawaii and Puerto Rico.

# FlexWork Edge Advantage Minimum Value Plan (MVP) with Pharmacy

## Benefit and Cost Summary

General description	Minimum Value Medical Plan	
<b>Deductible, coinsurance</b>	\$0 deductible, 0% coinsurance (except ER visits and Tiers 3, 4 pharmacy benefits)	
<b>Annual out-of-pocket maximum</b>	\$9,200 individual, \$18,400 family	
<b>Network access</b>	UnitedHealthcare Choice (medical), Optum Rx (pharmacy)	
Covered benefits (in-network only unless otherwise required)	Member cost	Annual limit
<b>Preventive care services*</b>	\$0 copay (covered in full)	ACA allowable
<b>Physician office visits</b>	\$25 copay primary care visit \$50 copay specialist	6 combined visits
<b>Urgent care</b>	\$100 copay	4 visits
<b>Virtual Care</b>	\$0 copay	Unlimited
<b>Emotional Support Line</b>	\$0 copay	Unlimited
<b>Emergency room visits</b>	50% coinsurance	2 visits
<b>Hospital admissions</b> <small>Includes radiology, anesthesiology, pathology and mental health/substance use disorder services</small>	\$1,000 copay per admission \$35,000 max benefit per admission	No visit limit
<b>Outpatient surgery</b> <small>Includes radiology, anesthesiology and pathology services</small>	\$500 copay office/freestanding \$1,000 hospital outpatient	1 visit
<b>Minor diagnostic lab</b>	\$50 office/freestanding \$150 hospital outpatient	2 dates of service (unlimited tests)
<b>Minor diagnostic imaging (X-ray)</b>	\$50 office/freestanding \$150 hospital outpatient	2 dates of service (unlimited tests)
<b>Major diagnostic imaging tests (MRI, CT, etc.)</b>	\$50 office/freestanding \$150 hospital outpatient	2 dates of service (unlimited tests)
<b>Chiropractor, acupuncture visits</b>	\$15 copay	15 visits
<b>Outpatient mental health</b>	\$150 copay per day	<b>PHP:</b> 15-day limit per year
<b>Substance use disorder</b>	\$150 copay per day	<b>IOT:</b> 15-day limit per year
<b>Home health care</b>	\$80 copay per visit	30 visit limit per year
<b>Rehabilitation and habilitative services</b> (PT, OT, ST, cardiac, pulmonary)	\$80 copay per visit	30 visit limit per year

Pharmacy benefits	Member cost
<b>FlexWork Limited Prescription Drug Benefit</b> (FlexWork Limited PDL) <ul style="list-style-type: none"> <li>Retail only through network pharmacy</li> </ul> No mail order	<b>\$15</b> copay tier 1 <b>\$30</b> copay tier 2 <b>50%</b> coinsurance tiers 3 and 4 Enhanced Savings Discount Program and Optum Perks pharmacy discount card included
Monthly payroll deductions	
<b>Employee only</b>	<b>\$667.76</b>
<b>Employee and spouse</b>	<b>\$1,587.58</b>
<b>Employee and child(ren)</b>	<b>\$1,192.44</b>
<b>Employee and family</b>	<b>\$2,177.04</b>

Employee-only contributions are based on your hourly rate of pay to meet affordability guidelines. Dependent coverage is available at full cost to you. Please refer to the Benefit Harbor enrollment site to determine your exact costs.

\* Annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventative contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventative care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments or coinsurance for these benefits. Always review your benefit plan documents to determine your specific coverage details.

FlexWork Medical Products are not available for enrollment in Hawaii and Puerto Rico.

# UnitedHealthcare FlexWork Dental Plan

Taking care of your teeth and gums is an important part of maintaining your overall health. The UnitedHealthcare FlexWork Dental Plan 35P40 helps guide you toward a healthier smile – and a healthier you.



## Key dental plan features

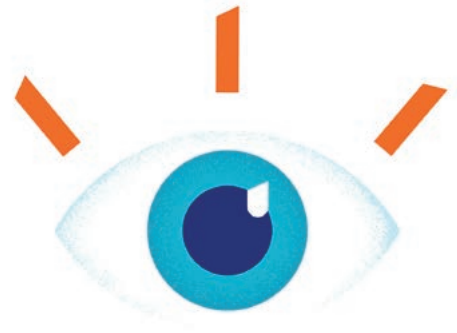
- ✓ Simple pretax payroll deductions
- ✓ Find network dentists at [flexwork.uhc.com](https://flexwork.uhc.com)
- ✓ UnitedHealthcare Options PPO 30 network gives you access to one of the largest national dental provider networks

## Benefit and cost summary

Benefit category	Network	Out-of-network*
<b>General description</b>		
Annual deductible (applies to basic and major restorative only)	\$50 per covered person, \$150 per family	
Annual maximum dental benefits	\$1,000 per covered person	
<b>Diagnostic and preventive services</b>		
Exams and cleanings (2 per year)		
X-rays, labs and other diagnostic tests	Plan pays <b>100%</b>	Plan pays <b>100%</b>
Fluoride treatment		
Sealants		
<b>Basic services</b>		
Restorative fillings (amalgam, composite anterior)		
Space maintainers		
Emergency treatment	Plan pays <b>60%</b>	Plan pays <b>60%</b>
Simple extractions		
Periodontics (gum disease treatment)		
Endodontics (root canal therapy)		
<b>Major services</b>		
Oral surgery (including surgical extractions)		
Inlays, onlays and crowns	Plan pays <b>50%</b>	Plan pays <b>50%</b>
Dentures and prosthetics		
Fixed partial dentures (bridges)		
<b>Monthly payroll deductions</b>		
Employee only	<b>\$22.78</b>	
Employee and spouse	<b>\$45.56</b>	
Employee and child(ren)	<b>\$55.74</b>	
Employee and family	<b>\$82.91</b>	

\*Out-of-network coverage is limited to the Maximum Allowable Charge paid to network providers for the same service within the same area.

# UnitedHealthcare FlexWork Vision Plan



Healthier eyes help support a healthier body, so it's important to maintain eye health. The UnitedHealthcare FlexWork Vision Plan is designed to help you cover and budget for ongoing vision care expenses like routine eye exams, prescription glasses and contact lenses.

## Key vision plan features

- ✓ Simple pretax payroll deductions
- ✓ Immediate coverage for exams and materials
- ✓ Additional maternity and children's benefits
- ✓ Discounts on laser vision correction, blue-light screen protectors, additional pairs of eyeglasses, contact lenses, hearing aids, and more
- ✓ Find Network Providers at [flexwork.uhc.com](https://flexwork.uhc.com)

## Large national vision care network

Access personalized care from local doctors around the corner to specialty online retailers or well-known retail chains, including:

- [uhcglasses.com](https://uhcglasses.com)
- 1-800 Contacts (ExpressExam for virtual prescription only)
- America's Best
- Costco Optical
- ForEyes
- GlassesUSA.com
- LensCrafters
- MyEyeDr.
- Sam's Club Optical
- Target Optical
- Visionworks
- Walmart
- Warby Parker

All trademarks are the property of their respective owner.

## Benefit and cost summary

Benefit category (V1W01)	Network benefits (see plan details for out-of-network reimbursements)
<b>Eye examinations, diabetic retinal screenings</b>	
Copay	<b>\$10</b> per exam <b>\$0</b> diabetic retinal screenings
Frequency	Once per 12 months
<b>Frames</b>	
Copay	<b>\$25</b>
Frequency	Once per 24 months
Retail frame allowance	<b>\$100</b> (30% discount on amounts over \$100)
<b>Lenses</b>	
Copay	<b>\$25</b> (single vision, lined bifocal, trifocal and lenticular)
Frequency	Once per 12 months
Covered-in-full lens options	Children's polycarbonate lenses (to age 19)
Lens options and upgrades	Fixed cost for progressive lenses, anti-reflective coatings, etc.
<b>Contact lenses</b>	
Copay	<b>\$25</b>
Frequency	Once per 12 months
Elective-formulary (includes fitting fee, evaluation)	<b>\$105</b>
Elective-material allowance	<b>\$105</b>
Medically necessary	Covered in full
<b>Monthly payroll deductions</b>	
Employee only	<b>\$7.91</b>
Employee and spouse	<b>\$14.65</b>
Employee and child(ren)	<b>\$18.31</b>
Employee and family	<b>\$25.63</b>

# UnitedHealthcare FlexWork Critical Illness Protection Plan



This is a plan is not included in your medical plan election

Enrolling in the UnitedHealthcare FlexWork® Critical Illness Protection Plan helps give you and your family more financial security if you or a covered family member are diagnosed with a covered illness.

## How the plan works

The Critical Illness Protection Plan provides a lump-sum benefit after diagnosis of a covered condition. The plan will pay the cash benefit are paid directly to you. There are no pre-existing conditions exclusions, deductibles or coinsurance requirements for benefit payments.

The money is yours to use *however you want*, including paying for out-of-pocket health plan costs, specialist treatment, prescriptions, mortgage or rent, groceries, car payment and other living expenses.

## Get faster payments with Benefit Assist

If you're enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, a Benefit Assist representative may contact you and help you file your claim for faster payment.

## Benefit and cost summary

Benefit description	Coverage amount
Employee	\$10,000
Spouse	\$5,000
Child(ren)	\$5,000
Base covered conditions	Benefit percent per insured (of coverage amount)
Stroke, aneurysm, benign brain tumor	100%
Cancer	100% (invasive); 25% (non-invasive)
Chronic renal, major organ failure	100%
Coma, permanent paralysis	100%
Heart disease	100% (heart attack, failure); 25% (coronary artery disease)
Additional covered conditions	100% (amyotrophic lateral sclerosis, complete blindness or loss of hearing, advanced Alzheimer's, multiple sclerosis, Parkinson's disease)

Many working adults are not prepared for unexpected medical costs



- ✓ Guarantee Issue
- ✓ Reoccurrence Benefit\*\*
- ✓ Additional Occurrence Benefit\*\*\*

Monthly payroll deductions												
Coverage tier	Under25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee only	\$1.20	\$1.80	\$2.50	\$6.30	\$6.30	\$10.20	\$14.80	\$19.90	\$28.90	\$44.70	\$27.10	\$35.20
Employee and spouse	\$1.80	\$2.70	\$3.75	\$9.45	\$9.45	\$15.45	\$22.40	\$30.45	\$44.35	\$63.70	\$41.18	\$53.43
Employee and child(ren)	\$1.85	\$2.45	\$3.15	\$6.95	\$6.95	\$10.85	\$15.45	\$20.55	\$29.55	\$45.35	\$27.75	\$35.85
Employee and family	\$2.45	\$3.35	\$4.40	\$10.10	\$10.10	\$16.10	\$23.05	\$31.10	\$45.00	\$64.35	\$41.83	\$54.08

\* Article: "The Percentage of Americans with less than \$1000 in savings is shocking." Nasdaq.com, Dec. 2019. Accessed May 21, 2025.

\*\* Reoccurrence of same condition must be separated by 12 months from original diagnosis.

\*\*\* Additional occurrence of different condition must be separated by 6 months from original diagnosis.

# UnitedHealthcare FlexWork Accident Protection Plan



This is a supplemental health plan – not a substitute for major medical coverage.

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health costs and daily living expenses can create long-term financial problems. Accident insurance helps cover the added costs you may face following an injury.

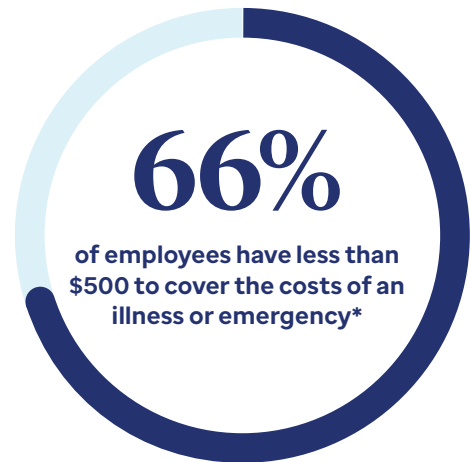
## How the plan works

If you have a covered injury during the plan year and submit a claim, the UnitedHealthcare FlexWork Accident Protection Plan will pay you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. There are no pre-existing conditions exclusions, deductibles or coinsurance requirements for benefit payments.

The money is yours to use *however you want*, including paying for out-of-pocket health plan costs, specialist treatment, prescriptions, mortgage or rent, groceries, car payment and other living expenses.

## Get faster payments with Benefit Assist

If you're enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, a Benefit Assist representative may contact you and help you file your claim for faster payment.



## Benefit and cost summary

### Covers more than 80 injuries and services\*\*

Here is a short list of the most common injuries and services that may qualify for a cash benefit payment.

Common covered injuries and services	Coverage amount	Common covered injuries and services	Coverage amount
Accidental death	\$20,000	Concussions	\$150
Accidental dismemberment	\$2,000–\$20,000	Fractures/dislocations	Up to \$4,500
Ground ambulance services	\$100–\$1,200	Lacerations (cuts)	Up to \$400
Emergency room and urgent care	\$100	Ruptured/herniated discs	\$400
Doctor visits	\$100	Lodging (per day up to 30 days)	\$150
Hospital admissions and stays	\$1,000–\$2,000	Surgery	Up to \$1,000
Burns	\$500–\$8,000		

Monthly payroll deductions	
Employee only	\$3.90
Employee and spouse	\$6.21
Employee and child(ren)	\$8.81
Employee and family	\$13.27

\* Report on the Economic Well-Being of U.S. Households in 2016. Board of Governors of Federal Reserve System. Washington, D.C. 2017.  
\*\* See the Certificate of Coverage online for a complete list of covered injuries and services.

# UnitedHealthcare FlexWork Hospital Indemnity Protection Plans - Mid



**This is a supplemental health plan – not a substitute for major medical coverage.**

The UnitedHealthcare FlexWork Hospital Indemnity Protection Plan (HIPP) is a supplemental indemnity plan that can work alongside your health plan by paying a fixed cash benefit for a certain number of days per year after you receive covered hospital care.

## How the plan works

### Broad coverage

The Plan covers hospital admissions and confinement as well as inpatient surgeries and anesthesia. There are no annual deductibles, no coinsurance and no pre-existing conditions limitations and exclusions.

### Use the cash benefits any way you wish

If you have a covered service during the plan year, the FlexWork HIPP plan will pay you a cash benefit directly. HIPP cash benefits are in addition to any benefits payable under your medical plan. What's more, you can use your cash benefits to pay for out-of-pocket medical costs, prescriptions or household living expenses such as rent and groceries.

### Get faster payments with Benefit Assist

If you're also enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, you may be contacted by the Benefit Assist team to help file your claim form for faster payment.



## Plan design and cost summary

Benefits description	Fixed daily cash benefits	Annual limits
	Mid plan	Mid plan
Hospital admissions	\$1,000	2 days per year
Hospital confinement	\$150	364 days per year
ICU confinement	\$150	364 days per year

	Monthly payroll deductions
	Mid plan
Employee only	\$7.75
Employee and spouse	\$15.85
Employee and child(ren)	\$16.40
Employee and family	\$26.39



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**Caring for your loved ones with Life Insurance through UnitedHealthcare.**

Your life insurance plan provided through UnitedHealth Care is a term life policy that will pay a cash benefit directly to your designated beneficiaries if you should pass away. Your beneficiary can use the money to help cover costs like funeral expenses, mortgage and education.

**Your plan highlights:**

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

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OPTIONAL Employee Supplemental Life and AD&D Coverage	Between \$10,000-\$500,000 not to exceed \$500,000 or 5 times your annual earnings*
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\*Increments of \$10,000

*Guaranteed Issue Amount \$100,000*

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OPTIONAL Spouse Supplemental Life and AD&D Coverage	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Spouse* Supplemental Life Insurance:
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Between \$10,000-\$250,000 not to exceed 50% of your Employee Supplemental Life and AD&D amount\*

\*Increments of \$5,000

*Guaranteed Issue Amount \$20,000*

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OPTIONAL Child(ren) Supplemental Life and AD&D Coverage	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Child(ren)* Supplemental Life Insurance:
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Between \$2,000-\$10,000 not to exceed 50% of your Employee Supplemental Life and AD&D amount\*

\*Increments of \$2,000

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**Frequently Asked Questions about your Life Insurance plan(s)**

**Am I eligible for coverage?**

**Supplemental Life:**

You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.

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The 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.

**Who pays for my Supplemental Life and AD&D coverage(s)?**

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. You may also have an option to purchase Supplemental Life coverage for your spouse or child.

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**How much Supplemental Life and AD&D can I buy without completing a medical questionnaire? (Up to the Guarantee Issue limit)**

*\*Evidence of Insurability is required for any requested amount for anyone previously denied coverage.*

**For Newly Hired, First Time Eligible Employees:**

**Employee:** You may elect coverage up to your Guarantee Issue Limit of \$100,000. Amounts greater will require evidence of good health/insurability.

**Spouse:** Your spouse may elect coverage up to \$20,000. Amounts greater will require evidence of good health/insurability.

**Child:** You may elect coverage for your child(ren) up to \$10,000.

**For Late Entrants (who did not enroll within 31 days of their initial eligibility) or Increase in Coverage:**

For Employee and Spouse coverage, evidence of good health/insurability is required for any requested amount.

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**Annual Enrollment****Employee:**

Annual Enrollment: During the employer's scheduled Annual Enrollment Period, an employee who is insured for Supplemental Life may increase coverage by one incremental level without providing proof of good health up to the Guaranteed Issue limit as long as:

- Coverage had not been increased in the prior year due to a Family Status Change.

An employee who is not insured for Supplemental Life is considered a late applicant and satisfactory proof of good health is required for any amount.

An employee must submit satisfactory proof of good health for any increase in coverage over the Guarantee Issue limit.

Note: If an employee is already over the Guarantee Issue limit, an increase in coverage that is due solely to an increase in earnings will not require proof of good health unless the increased coverage is greater than a cumulative increase of \$50,000 over the prior approved amount of Supplemental Life coverage.

The 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.

**Spouse:**

During the employer's scheduled Annual Enrollment Period, a Spouse who is insured for Supplemental Dependent Life may increase coverage by one incremental level without providing proof of good health, not to exceed the Guaranteed Issue limit. A Spouse over the Guarantee Issue limit must submit satisfactory proof of good health for any increase. A Spouse not insured for Supplemental Life is considered a late applicant and satisfactory proof of good health is required for any amount.

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**What does AD&D provide me?**

Accidental Death & Dismemberment (AD&D) provides benefits due to certain injuries or death from an accident.\* The AD&D Insurance pays certain percentages of the benefit amount based on the injury sustained. Refer to the certificate of coverage for the complete AD&D Benefit schedule. Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage provided to you.

*\*Some state variations may apply.*

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**What is a beneficiary?**

Your beneficiary is a person (or persons) or legal entity (or entities) who receive(s) a benefit payment if you die while you are covered under the policy. You, as the employee, must select your beneficiary when you complete your enrollment application; your selection is legally binding. You are automatically the beneficiary for any Spouse or Child (ren) coverage.

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**Are there limitations to enrollment?**

You must be Actively at Work with your employer on the day your coverage takes effect.

Your Supplemental Life coverage will go into effect presuming the minimum participation requirements have been met. Speak with your HR representative if you have further questions.

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**Does my coverage reduce as I get older?**

Your coverage may reduce as you get older. Please contact your HR department or see your Certificate of Coverage for details. If you have spouse coverage, it will reduce as well.

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The 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.

**Do I still pay my Life Insurance premiums if I become disabled?**

If you become totally disabled Prior to age 60 and your disability lasts for at least 9 months, your Employee Supplemental Life Insurance premium may be waived.

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**What is Accelerated Death Benefit?**

If you are diagnosed as terminally ill (as defined by your policy), you may receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.

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**When does my coverage go into effect?**

You must be Actively at Work with your employer on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.

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**Can I keep my Life coverage if I leave my employer?**

Your policy will contain one or a combination of the following options. See your HR Representative or your Certificate of Coverage for your specific policy provisions. Your Employer will provide initial paperwork.

#### **Conversion**

- This option allows you to move all or a portion of your Life Insurance to an individual policy other than term insurance.
- Evidence of Insurability is not required.
- Available for spouse and children (see certificate of coverage for details).
- Must apply and pay premium within 31 days of termination of your life insurance\*.

#### **Portability**

- Maybe be available for spouse and children when the employee elects portability.
- You can continue all or a portion of your Life insurance.
- Evidence of Insurability is not required.
- Must apply and pay premium within 31 days of termination of your life insurance\*.

*\*Some state variations may apply.*

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#### **Other Important Details:**

The 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.

**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.

**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 our unsecured email address [fpcustomersupport@uhc.com](mailto:fpcustomersupport@uhc.com).

**Beneficiary Companion Program** is available with your policy. This offers you 24/7 guidance on closing an estate and protecting your loved one's identity. You may request your Beneficiary Companion Guidebook by calling toll free 1-866-643-4241 or call direct 1-240-330-1368.

**Value-Added Services** (All features may not apply. Some states may have restrictions.)

**Beneficiary Services:** Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. **For more information, call 866-302-4480.**

- Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.\*\*
- Financial and Legal Services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. Clients may retain the same attorney for representation at a discounted rate. CLC, Inc. provides access to legal services.
- Communication Support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.

**Wealth Management Account:** An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 will automatically be deposited into an OptumBank Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.\*\*\*

The 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.

\*\*Beneficiary Services offered thru United Behavioral Health, a company of UnitedHealth Group.

\*\*\*Eligibility for automatic deposit into an OptumHealth Bank Wealth Management Account is subject to qualifying conditions evaluated by OptumHealth Bank and UnitedHealthcare Specialty Benefits at the time of claim review to include limited availability in certain states. For more information please contact your Specialty Benefits representative. OptumHealth Bank, Member FDIC, is part of the financial services unit of OptumHealth, a health and wellness company serving more than 60 million people. OptumHealth is a UnitedHealth Group (NYSE:UNH) company

**Exclusions:**

AD&D Insurance does not cover losses caused by or contributed by:

Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.

Other exclusions may apply depending upon your coverage.

As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

Death by suicide - Some state variations may apply.



**Supplemental Life and AD&D Cost Summary (Current Monthly Rates)**

<b>Voluntary Supplemental Life (Employee and Spouse)</b>	Monthly Rate are age-banded for every \$1,000 of Benefit	
	Employee and Spouse rates are based on Employee's age.	
<b>Age Range</b>	<b>Employee Rates</b>	<b>Spouse Rates</b>
Age less than 25	\$0.046	\$0.046
Ages 25-29	\$0.055	\$0.055
Ages 30-34	\$0.073	\$0.073
Ages 35-39	\$0.083	\$0.083
Ages 40-44	\$0.092	\$0.092
Ages 45-49	\$0.138	\$0.138
Ages 50-54	\$0.211	\$0.211
Ages 55-59	\$0.395	\$0.395
Ages 60-64	\$0.606	\$0.606
Ages 65-69	\$1.166	\$1.166
Ages 70-74	\$1.891	\$1.891
Ages 75+	\$1.891	\$1.891
<b>Voluntary Supplemental Life (Children)</b>	\$0.07 per \$1,000 of Benefit	
<b>Supplemental Life AD&amp;D</b>	Employee: \$0.021	
	Spouse: \$0.021	
	Children: \$0.021	

**Supplemental Life and AD&D Premium Calculation Examples**

To calculate the cost of coverage, use the formula below:

**Supplemental Life**

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} / 1,000 = \text{Monthly Cost} \times 12/52 = \text{Weekly Cost}$$

The 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.



**Supplemental AD&D - Refer to Supplemental AD&D rate in bottom of table**

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \frac{\text{Subtotal}}{1,000} = \frac{\text{Monthly Cost}}{12} \times 12 = \frac{\text{Weekly Cost}}{52}$$

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. 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 and Unimerica Life Insurance Company is located in Milwaukee, WI.

The 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.

# Health and wellness resources

Once your plan becomes active, you'll have access to wellness programs, health support services, and other useful tools and discount programs – all at no additional cost to you.



## 24/7 Virtual Visits

Talk to a doctor 24/7 virtually for the diagnosis of nonemergency medical conditions such as the flu and allergies as well as conditions affiliated with mental health and dermatology.\* Register at [healthiestyou.com](https://www.healthiestyou.com) or call **1-866-703-1259**.\*\*



## Benefit Assist

If you're enrolled in both a medical and a supplemental health plan with UnitedHealthcare, you'll be notified of claims that may qualify for benefits.



## MedCents Consumer Advocacy

If you're enrolled in any UnitedHealthcare medical plan and receive a bill beyond what your plan covers, MedCents can help. A MedCents advocate will guide you through the necessary steps, negotiate a reduction in your bill, or help arrange easier payment terms.



## Hearing discounts

UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings, along with convenient ordering options and personalized care. Plus, you can take a free online hearing test to help you get started.



## 24/7 support

When life gets stressful, the Employee Assistance Program (EAP) support line is just a phone call away. Our coordinators are available 24/7 for confidential\*\*\* conversations and referrals to expert care and services.



## Optum Perks Pharmacy Discount Card\*\*\*\*

Save on medications not covered by your pharmacy plan and get discounts of up to 80% on most FDA-approved medications. [perks.optum.com/discount-card](https://www.perks.optum.com/discount-card)



## UnitedHealthcare Discount Marketplace

Find ways to stay healthy and enjoy thousands of negotiated prices on items such as health and wellness, apparel, auto, beauty, personal care, cell phone, virtual learning, electronics, entertainment, everyday savings, flowers and food. Visit [flexwork.uhc.com](https://www.flexwork.uhc.com) for details.

\* Data rates may apply.

\*\* HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross-coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

\*\*\* Confidential in accordance with the law.

\*\*\*\* Where available by state.

# Preventive care for children and adults

## Focusing on regular preventive care can help you—and your family—stay healthier

Preventive care can help you avoid potentially serious health conditions and/ or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),\* most health plans provide coverage for certain preventive health care services at 100%, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible.

### High-level summary of health care reform mandated preventive benefits – covered at 100% of the allowed amount with \$0 copays, network only

Adults**	
Abdominal aortic aneurysm	Screening for adults who are 65–75 years old and have ever smoked
Alcohol misuse	Screenings during wellness examinations, with brief counseling intervention for certain people
Annual wellness exam	Includes flu vaccinations, body mass index assessment, and blood pressure for all adults
Blood pressure	Screening for all adults at wellness examination
Cholesterol	Screening for adults who are 40–75 years old
Colorectal cancer	Screening for adults over 45–75 years old
Depression	Screening for adults in a primary care setting
Diabetes	Screening for adults who are 40–70 years old and are overweight or obese, or with history of gestational diabetes
Diet	Behavioral counseling for adults with higher cardiovascular disease risk factors, in a primary care setting
Falls prevention	Counseling for community-dwelling older adults during wellness exam
Hepatitis B virus infection	Screening during pregnancy and for people at high risk
Hepatitis C virus infection	Screening for all adults who are 18–79 years old
Human immunodeficiency virus (HIV)	Screening for all adults
Immunization and vaccinations	Vaccines and immunizations that are FDA-approved and have explicit ACIP recommendations for routine use. For more information, visit <a href="https://www.cdc.gov/vaccines">cdc.gov/vaccines</a>
Lung cancer screening	With low-dose CT scan with prior authorization for people who are 50–80 years old with a history of smoking 20 packs per year
Obesity	Screening and counseling for all adults at each wellness examination
Sexually transmitted infection (STI)	Behavioral counseling for prevention for adults who are sexually active or otherwise at increased risk, in a primary care setting
Syphilis	Screening for higher-risk adults
Tobacco use/cessation	Screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation)
Tuberculosis	Screening for people at increased risk
Expanded women’s preventive health services	
Bacteriuria	Screening for pregnant women
Breast cancer	Medications for risk reduction (counseling) for women at high risk, but low risk for adverse effects

Breastfeeding	Support, counseling and supplies during pregnancy and after birth. Includes a personal-use electric breast pump.
Cervical cancer	Screenings (Pap smear) for women who are 21–65
Chlamydia/gonorrhea	Screening for sexually active women who are 24 and younger, and older women at increased risk
Contraception	FDA-approved for women, including education and counseling
Domestic violence	Screening for intimate partner violence for women, during wellness examination
Gestational diabetes mellitus	Screening during pregnancy
Hepatitis B	Screening during pregnancy for people at high risk
Human papillomavirus (HPV) DNA test	For women who are 30 and older
Mammography	Mammography screenings
Osteoporosis	Screening for women over age 65 and younger women at increased risk
Perinatal counseling	Perinatal depression counseling for pregnant or postpartum women at risk
Pregnancy counseling	Healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women
Rh incompatibility	Screening during pregnancy
Well-woman visits	Including routine prenatal visits
<b>Children***</b>	
Alcohol, tobacco and drug use	Assessments for adolescents
Anemia	Anemia screenings
Autism and developmental	Screening for children under age 3
Fluoride	Application by primary care physician for children under age 6
Hearing screening	Screening by primary care physician
Immunization and vaccinations	For more information, visit <a href="https://www.cdc.gov/vaccines">cdc.gov/vaccines</a>
Lead	Screening for children at risk of exposure
Newborn screening	Includes metabolic screening panel, phenylketonuria (PKU), hypothyroid and sickle cell
Obesity	Screenings and counseling for children on promoting improvements in weight
Sexually transmitted infections	Behavior counseling during well-child examination to prevent sexually transmitted infections
Tuberculosis	Screenings for certain children at high risk
Well-child exam	Includes psychosocial, depression and behavioral assessments

## Questions?

To find covered preventive medications, visit [flexwork.uhc.com](https://flexwork.uhc.com) and select FlexWork Support at the bottom of the screen

\* Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

\*\* These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

\*\*\* Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage. Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2020, at: <https://www.cdc.gov/vaccines/schedules/index.html>.

## 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. Department 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/ocr/complaints/index.html](https://hhs.gov/ocr/complaints/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 LU'U Y:** 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.

**تامدخ نإف (Arabic):** ڤي ڤرعل ٲدحتت تنك انذ: هي بنت مقرب لاصتال اى جري. كل ؤحاتم ؤي ن اجم ال ؤي وغل ال ؤدعاسم ال اى ل ع جردم ال اى ن اجم ال فتاهل اى ك ؤصا اخل اى في رعتل اى قاطب

**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.

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

**ध्यान दे:** 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 jííł'eh, bee ná'ahóót'i'. T'áá shqóđí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jííł'ehgo béesh bee hane'í biká'ígíí bee hodiilniin.



Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Not available in New York and Washington. Person must reside within the United States. An employee residing in Hawaii or Puerto Rico is not an Eligible Person.

All trademarks are the property of their respective owners.

Benefit summaries are illustrative. For complete coverage details, please review your Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) document carefully to be sure the plan is right for your needs. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued.

**UnitedHealthcare FlexWork Limited Medical (MEC) Plans**

Plans have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-892-2401 or visit [flexwork.uhc.com](http://flexwork.uhc.com)

**UnitedHealthcare FlexWork Dental Plans**

Dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06TX, DPOL.12TX and DPOL.12TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12TX and DCERT.IND.12TX. Plans sold in Virginia use policy form number DPOL.06VA with associated COC form number DCOC.CER.06VA and policy form number DPOL.12VA with associated COC form number DCOC.CER.12VA. \*Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

**UnitedHealthcare FlexWork Vision Plans**

Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06TX or VPOL.13TX and associated COC form number VCOC.INT.06TX or VCOC.CER.13TX. Plans sold in Virginia use policy form number VPOL.06VA or VPOL.13VA and associated COC form number VCOC.INT.06VA or VCOC.CER.13VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility.

UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

**UnitedHealthcare Critical Illness**

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. 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.

**UnitedHealthcare Accident Protection**

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. 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.

Indemnity product is provided by UnitedHealthcare Insurance Company. The product 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 policy has 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. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

**HealthiestYou**

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

The MedCents Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.