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

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

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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

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Alera Group
Summary of Benefits: Hospital Indemnity
Protection Plan
Plan Effective Date: 01/01/2027

Help protect yourself from the high costs of hospital care with UnitedHealthcare.

Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses. All benefits are paid directly to the insured and can be used towards any expense.

Your Hospital Indemnity Protection Plan highlights:

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

All Benefits are payable for injury or sickness and payable once per day unless otherwise specified.

Hospital Care Admissions	Benefit Amount Option 2	Benefit Amount Option 1		
Hospital Admission <i>Payable up to 3 times per year.</i>	\$1,000	\$1,500		
ICU Admission <i>Payable up to 3 times per year.</i>	\$2,000	\$3,000		

Hospital Care Confinements	Benefit Amount Option 2	Benefit Amount Option 1		
Hospital Confinement <i>Payable up to 364 Days per year beginning the day after Hospital Admission.</i>	\$150	\$200		
ICU Confinement <i>Payable up to 30 Days per year beginning the day after Hospital Admission.</i>	\$300	\$400		

Supportive Care Admission and Confinement	Benefit Amount Option 2	Benefit Amount Option 1		
Mental Health Treatment Confinement <i>Payable up to 30 Days per year.</i>	\$250	\$250		
Rehabilitation Confinement <i>Payable up to 30 Days per year.</i>	\$250	\$250		
Substance Abuse Treatment Confinement <i>Payable up to 30 Days per year.</i>	\$250	\$250		

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Other Hospital Care Benefits	Benefit Amount Option 2	Benefit Amount Option 1		
Hospital Observation <i>Payable up to 3 times per year. 20 or less hours of observation</i>	\$250	\$250		
Newborn Nursery Routine Care <i>Payable 1 time per Newborn</i>	\$150	\$250		
Additional Benefits	Benefit Amount Option 2	Benefit Amount Option 1		
Wellness <i>Benefit payable upon completion of a covered Wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and dependent/dependents</i>	\$50	\$50		

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

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered member. Children are included.

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Frequently Asked Questions about your Hospital Indemnity Protection Plan (HIPP)

What does HIPP Coverage provide me?	Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury.
Who pays for my Hospital Indemnity coverage?	Your employer has made HIPP 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 the option to purchase coverage for your Spouse or Child.
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.
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.
Is pregnancy covered under my HIPP plan?	Yes, hospitalization for routine labor and delivery is included with your HIPP coverage. Complications of Pregnancy are covered to the same extent as any other sickness.
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.
Are Confinement benefits payable on the day I am discharged from the hospital or ICU?	For a confinement benefit to be payable, a room and board charge must be incurred for that day.

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Can I keep my HIPP coverage if I leave my employer?

Your policy contains the following. 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 HIPP insurance.
- Evidence of Insurability is not required.
- Must apply and pay premium within 31 days of termination of your HIPP insurance*.

*Some state variations may apply

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General Definitions*

Admission/Admitted means to be accepted into a Hospital as an inpatient under the care of a Physician.

Confined or Confinement means assignment as an inpatient to a bed in a Hospital. There must be a charge for room and board for the Confinement, unless Confinement is in any government, military or veterans' facility for which a charge is not made.

Injury means damage to the physical structure of the body that is the direct result of an accident.

Newborn Routine Care means a newborn Child's routine nursing or routine well baby care that is provided in a Hospital after the Child's delivery. Newborn Routine Care is not payable if a newborn is admitted or confined due to injury or sickness.

Sickness means illness, infection, disease or any other abnormal physical condition which is not an Injury.

Treatment means any services, consultation, tests, attendance or observation, procedures, surgeries, supplies or equipment including prescriptions or use of prescription drugs or medications. Treatment must be recommended or provided by a Physician. Treatment includes hospitalization.

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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.

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Exclusions and Limitations *:

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

1. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
2. a Mental Health Condition. This exclusion does not apply to any specific Mental Health Treatment Benefits when included in the Policy;
3. Substance Abuse. This exclusion does not apply to any specific Substance Abuse Treatment Benefits when included in the Policy;
4. Newborn Routine Care. This exclusion does not apply to any specific Newborn Benefits;
5. surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury or Sickness; or (b) correct a disorder of normal bodily function.

**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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Hospital Indemnity Cost Summary (Current Monthly rates)

Monthly Rates	Voluntary *	
Quoted Rates - Per Employee Per Month	Option 2	Option 1
Employee Only	\$12.64	\$17.54
Employee & Spouse	\$24.93	\$34.59
Employee & Children	\$19.80	\$27.95
Employee & Spouse & Children	\$33.48	\$46.60

*Cost Includes Wellness Benefit

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The 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.

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