



# Benefits designed with care

Explore your plan options for:

Accident Protection Plan

Critical Illness Protection Plan

Hospital Indemnity Protection Plan



Palm Beach County Firefighters  
Employee Benefits Fund

United  
Healthcare®





Scan to learn more  
about your Accident  
Protection Plan.

## Accident Protection

# Help protect yourself from the unexpected cost of an accident

Round out your health plan benefits with the Accident Protection Plan, which helps cover added costs you may face following a covered accident. The plan covers more than 80 injuries and care services, from burns and concussions to ambulance rides and rehabilitation. If you're injured during your plan year, the Accident Protection Plan will pay you a cash benefit—and you can use the money any way you want.

## How Accident Protection works—an example

Matt was playing in his softball league when he tore a knee ligament and broke a wrist. His Accident Protection coverage provided the following benefits:

Initial care/hospital care	Payment
Ambulance (ground)	\$100
Emergency room visit	\$150
Initial physician visit	\$50
<b>Total:</b>	<b>\$300</b>

Follow-up care/common injuries	Payment
Diagnostic MRI exam	\$175
Wrist fracture treatment	\$600
Surgical ligament tear repair	\$800
Knee immobilizer	\$150
Follow-up physician visit	\$50
Physical therapy sessions (10 total)	\$250
Organized sporting injury benefit	\$506.25
<b>Total:</b>	<b>\$2,531.25</b>

See specific coverage details in the Benefits Summary section of this guide.



Total cash benefit paid to Matt

**\$2,831.25**



## Wellness benefit

### Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your family members\*—to use any way you'd like—just for completing screenings like blood tests, colonoscopies or stress tests.

\*The plan will pay one wellness benefit per person per year up to a maximum of 4 benefit payments per year on the accident plan.



## Benefit Assist

### For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist; and a Benefit Assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.



## Critical Illness Protection



Scan to learn more  
about your Critical  
Illness Protection  
Plan.

### Get financial support during a serious illness

Experiencing a critical illness can be devastating to you, your family and your finances. The Critical Illness Protection Plan is designed to help ensure that should you or a covered family member be diagnosed with a covered critical illness – including heart attack, stroke and cancer – you’ll get a cash payment to use any way you want.

### How Critical Illness Protection works – an example

Sharon was diagnosed with invasive cancer. Six months later, she had a stroke. Here’s a look at Sharon’s Critical Illness coverage benefits:

Coverage	Payout percentage	Payment
Invasive cancer	100%	\$5,000
Stroke	100%	\$5,000
<b>Total</b>		<b>\$10,000</b>

See specific coverage details in the Benefits Summary section of this guide.



#### Wellness benefit

##### Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your family members\* – to use any way you’d like – just for completing screenings like blood tests, colonoscopies or stress tests.

\*The plan will pay one wellness benefit per covered person per year on the Critical Illness plan. This plan applies only to employees and their covered spouse.



#### Benefit Assist

##### For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist; and a Benefit Assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.





Scan to learn more  
about your Hospital  
Indemnity Plan.

## Hospital Indemnity Protection

### Help protect yourself from the high costs of hospital care

Even with health insurance, a hospital stay can mean big out-of-pocket costs. The Hospital Indemnity Protection Plan covers hospital admission, hospital confinement, intensive care unit admission and intensive care unit confinement. You'll get a direct cash payment to use any way you choose – giving you extra financial help so you can focus on feeling better.

### How Hospital Indemnity Protection works – an example

Clark suffered head and shoulder injuries in an accident and was taken by ambulance to the emergency room. Following an evaluation, Clark was admitted to the hospital for continued treatment of his injuries. Here is how his Hospital Indemnity coverage paid out over the plan year:

Hospital Indemnity Plan	Payment
Hospital admission (day 1)	\$500
Hospital confinement (days 2-5)	\$400
<b>Total</b>	<b>\$900</b>



See specific coverage details in the Benefits Summary section of this guide.



#### Wellness benefit

##### Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$75 per person for you and your family members\*—to use any way you'd like—just for completing screenings like blood tests, colonoscopies or stress tests.



#### Benefit Assist

##### For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist; and a Benefit Assistant will reach out if any medical claims may qualify for a supplemental health benefit payout, so you can get your payment sooner.

\*The plan will pay one wellness benefit per covered person per year on the Critical Illness plan.  
This plan applies only to employees and their covered spouse.



# Monthly Rates

Coverage is voluntary and must be elected. Rates are shown below:

Accident	Monthly Rate
Employee	\$6.82
Employee + spouse	\$10.89
Employee + child(ren)	\$14.80
Employee + family	\$22.47

Hospital Indemnity	Monthly Rate
Employee	\$9.38
Employee + spouse	\$20.59
Employee + child(ren)	\$14.69
Employee + family	\$27.09

## EE \$5,000 / SP \$5,000 / CH \$5,000

Critical Illness	Employee only	Employee + spouse	Employee + children	Family
Age range				
Under 25	\$1.05	\$1.00	\$1.01	\$2.22
25-29	\$1.30	\$1.35	\$1.06	\$2.67
30-34	\$1.55	\$1.70	\$1.11	\$3.12
35-39	\$2.05	\$2.30	\$1.21	\$3.92
40-44	\$3.10	\$3.20	\$1.42	\$5.24
45-49	\$5.00	\$4.65	\$1.80	\$7.45
50-54	\$8.10	\$6.55	\$2.42	\$10.59
55-59	\$11.85	\$8.55	\$3.17	\$14.19
60-64	\$17.15	\$12.20	\$4.23	\$19.86
65-69	\$23.50	\$16.80	\$5.50	\$26.50
70-74	\$31.60	\$24.15	\$7.12	\$37.59
75+	\$43.25	\$34.20	\$9.45	\$52.30



## 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.

Benefits Payable*	Maximum Amount Payable per Insured
<i>*All Benefits are payable once per covered accident unless otherwise noted</i>	Option A
<b>Initial Care</b>	
Ground or Water Ambulance (1 per accident)	\$100
Air Ambulance (1 per accident)	\$500
Emergency Room Treatment (3 per covered accident)	\$150
Physician Office/Telemedicine/Urgent Care (5 per covered accident)	\$50
<b>Hospital Care</b>	
Hospital Admission (1 per covered accident)	\$500
Hospital Confinement (up to 365 days per accident; starting Day 2 of Confinement)	\$200
Hospital ICU Admission (1 per covered accident)	\$1,000
Hospital ICU Confinement (up to 30 days per accident; starting Day 2)	\$400
Intermediate Intensive Care/Step-Down Unit Confinement (up to 30 days per accident; starting Day 2)	\$300
Hospital Observation	
- Up to 20 hours (1 per accident)	\$200
- Over 20 hours (1 per accident)	\$1,000
<b>Follow Up Care</b>	
Chiropractic Care (5 per accident)	\$25
Durable Medical Equipment (2 per accident)	
- Wheelchair	\$150
- Hospital Bed	\$150
- Knee Scooter	\$150

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.

- Knee Immobilizer	\$150
- Lumbar Spine Brace	\$150
- Cervical Collar	\$100
- Crutches	\$100
- Halo	\$100
- Leg Brace	\$100
- Walker	\$100
- Walking Boot	\$100
- Air Cast	\$100
- Ankle Boot	\$100
- Ankle Brace	\$100
- Shower Chair	\$100
- Cane	\$100
- Foot Brace/Sleeve	\$100
- Wrist Brace	\$100
Follow up Physician Visit (3 per accident)	\$50
Home Health Care (5 per accident)	\$25
Major Diagnostic Exam (1 per accident)	
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	\$175
Minor Diagnostic Exam (1 per accident)	
- X-ray; or a laboratory test	\$100
Outpatient IV Infusion Therapy Benefit (1 per accident)	\$25
Prosthetic (up to 2 per accident)	\$1,000
Rehabilitation Facility Confinement (per day up to 30 days)	\$100
Rehabilitation Therapy Outpatient (per visit up to 10 Visits; includes physical therapy, occupational therapy, speech therapy)	\$25
<b>Common Injuries</b>	
Bite/Sting	\$25
Blood/Plasma/Platelets (1 per accident)	\$200
Burns (2 <sup>nd</sup> or 3 <sup>rd</sup> degree)	
- Less than 10% of body surface	\$200
- 10-19% of body surface	\$400
- 20-29% of body surface	\$800
- 30-39% of body surface	\$1,600
- 40% and greater of body surface	\$6,400
Coma	\$5,000
Concussion	\$100

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.



Dislocations (highest 2 dislocations per accident)	Surgically Corrected/Non-Surgically Corrected <i>Partial Dislocations: 25% of the Non-Surgically Corrected Amount</i>
- Hip	\$3,200 / \$1,600
- Knee Cap (Patella)	\$2,000 / \$1,000
- Ankle	\$1,200 / \$600
- Shoulder	\$600 / \$300
- Foot (except toes)	\$1,200 / \$600
- Collar Bone (Sternoclavicular)	\$1,200 / \$600
- Elbow	\$600 / \$300
- Hand	\$600 / \$300
- Lower Jaw	\$600 / \$300
- Wrist	\$600 / \$300
- Collar Bone (Acromioclavicular separation)	\$1,000 / \$500
- Finger	\$200 / \$100
- Toe	\$200 / \$100
Emergency Dental Work (2 per accident)	
- Crown(s)	\$200
- Extraction(s)	\$100
Fractures (highest 2 fractures per accident)	Surgically Corrected/Non-Surgically Corrected <i>Chip Fractures: 25% of the Non-Surgically Corrected Amount</i>
- Skull (depressed)	\$5,000 / \$2,500
- Hip, Thigh (femur)	\$3,200 / \$1,600
- Sternum	\$2,500 / \$1,250
- Leg	\$1,600 / \$800
- Pelvis	\$1,600 / \$800
- Skull (simple)	\$1,500 / \$750
- Vertebrae (body of)	\$1,600 / \$800
- Ankle	\$600 / \$300
- Collarbone	\$600 / \$300
- Forearm	\$600 / \$300
- Foot (excluding toes)	\$600 / \$300
- Hand	\$600 / \$300
- Kneecap (patella)	\$600 / \$300
- Lower Jaw	\$600 / \$300
- Shoulder Blade	\$600 / \$300
- Upper Arm	\$750 / \$375
- Wrist	\$600 / \$300
- Face or Nose (excludes teeth)	\$750 / \$375
- Sacral / Sacrum	\$750 / \$375
- Upper Jaw	\$750 / \$375
- Vertebral Process	\$1,600 / \$800
- Coccyx	\$300 / \$150
- Rib	\$300 / \$150

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.



- <i>Finger</i>	\$300 / \$150
- <i>Toe</i>	\$300 / \$150
Internal Organ Injury	\$100
Lacerations	
- <i>Less than 2.6 cm</i>	\$30
- <i>2.6 - 7.5 cm</i>	\$50
- <i>7.6 - 20 cm</i>	\$200
- <i>Greater than 20 cm</i>	\$400
Paralysis	
- <i>1 limb</i>	\$5,000
- <i>2 limbs</i>	\$5,000
- <i>3 limbs</i>	\$5,000
- <i>4 limbs</i>	\$10,000
Puncture Wound	\$25
Ruptured/Herniated Disc ( <i>no surgical repair</i> ) ( <i>1 per accident</i> )	\$500
Skin Graft ( <i>payable based on the Burns benefits</i> )	25%
<b>Surgery</b>	
Abdominal/Thoracic Surgery	
- <i>Surgery to repair (1 per accident)</i>	\$1,000
- <i>Exploratory without repair (1 per accident)</i>	\$100
Cranial Surgery ( <i>1 per accident</i> )	\$200
Ruptured/Herniated Disc Surgery ( <i>1 per accident</i> )	\$500
Tendon / Ligament / Cartilage Surgery	
- <i>Surgery to repair one (2 per accident)</i>	\$800
- <i>Exploratory without repair (2 per accident)</i>	\$400
Arthroscopic Surgery ( <i>1 per accident</i> )	\$200
Eye Surgery	
- <i>Removal of foreign body (1 per accident)</i>	\$100
- <i>Surgical Repair (1 per accident)</i>	\$200
Hernia Surgery ( <i>1 per accident</i> )	\$200
Non-Specific Surgery	
- <i>General Anesthesia (1 per accident)</i>	\$200
- <i>Conscious Sedation (1 per accident)</i>	\$100
<b>Organized Sporting Activity Injury</b>	
Payable for all covered persons	Increases benefits by 25%

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.



Additional Benefits	
Caregiver Benefit	\$50
Family Care <i>(per day up to 30 days)</i>	\$30
Lodging <i>(per day up to 30 days)</i>	\$100
Prescription Drugs <i>(1 per accident)</i>	\$25
Residence Modification	\$1,000
Service Dog	\$100
Transportation <i>(per day up to 3 days)</i>	\$300
Vehicle Modification	\$1,000
Wellness Benefit	
Wellness <i>See Wellness Details page for covered exams</i>	\$75 up to 4 family members. See Wellness page for details

### 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. Two covered tests 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.



## 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](mailto: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.

---

**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.





## 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:

Plan Benefits	Benefit Amount
<b>Hospital Admission</b> <i>Payable for Injury or sickness, on the day of admission.</i> <i>(1 time per plan year)</i>	\$500
<b>Hospital Confinement</b> <i>Payable once per day of confinement for an injury or sickness, beginning on day 2.</i> <i>(up to 364 Days per plan year)</i>	\$100
<b>ICU Confinement</b> <i>Payable once per day of confinement for an injury or sickness, beginning on day 2.</i> <i>(up to 364 Days per plan year)</i>	\$100
<b>ICU Admission</b> <i>Payable for Injury or sickness, on the day of admission.</i> <i>(1 time per plan year)</i>	\$500
Additional Benefits	Benefit Amount
<b>Wellness Benefit</b>	\$75

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.

### Wellness Benefits Covered Exams

Blood test for triglycerides  
Bone marrow testing  
Breast ultrasound  
CA 15-3 (blood test for breast cancer)  
CA 125 (blood test for ovarian cancer)  
CEA (blood test for colon cancer)  
Chest X-ray  
Colonoscopy  
Fasting blood glucose test  
Flexible sigmoidoscopy  
Hemoccult stool analysis  
Mammography  
Pap smear  
PSA (blood test for prostate cancer)  
Serum Protein Electrophoresis (blood test for myeloma)  
Serum cholesterol test to determine level of HDL and LDL  
Stress test on a bicycle or treadmill  
Thermography  
Virtual Colonoscopy

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

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.



**Palm Beach County Fire Fighters  
Summary of Benefits: Hospital Indemnity  
Protection Plan  
Plan Effective Date: 01/01/2026**

## **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](mailto:fpcustomersupport@uhc.com).

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.



**Palm Beach County Fire Fighters  
Summary of Benefits: Hospital Indemnity  
Protection Plan  
Plan Effective Date: 01/01/2026**

**Exclusions and Limitations \*:**

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

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or renumeration is received

*\*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.



## 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:

Employee must purchase coverage in order to purchase dependent coverage. Dependent children are covered to age 26.

#### Maximum Benefit Amount

Employee	\$5,000
Spouse	\$5,000
Child(ren)	\$5,000

#### 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 Reoccurrence 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

Coma	100%
------	------

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.



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%

#### Neurological Disease Conditions (diagnosis only)\*\*

Alzheimer's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Huntington's Disease	100%
Multiple Sclerosis	100%
Parkinson's Disease	100%

#### Occupational Conditions\*\*

Occupational Hepatitis	100%
Occupational HIV	100%

#### Infectious Disease Conditions

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	\$75 Payable Once per calendar year per Member and Covered Spouse
------------------	---

#### 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

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.

CA 15-3 (blood test for breast cancer)

CA 125 (blood test for ovarian cancer)

CEA (blood test for colon cancer)

Chest X-ray

Colonoscopy

Complete Blood Count

Doppler screening for carotids

Doppler screening for peripheral vascular disease

Doppler Screening for abdominal aorta

Echocardiogram

Electrocardiogram

Pap smear

PSA (blood test for prostate cancer)

Serum Protein Electrophoresis (blood test for myeloma)

Stress test on a bicycle or treadmill

Thin prep pap test

Thermography

Serum cholesterol test to determine level of HDL and LDL

Virtual Colonoscopy

Wellness Fair Screening

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 Employee and Spouse*

**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](mailto: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 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.

# Handy tips to get started!



With UnitedHealthcare, you've got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you. We are here to help make filing your claim easier. Built for simplicity and speed, the supplemental health website offers self-service access to your claims – from any device.



Start by registering at [myuhcfp.com](https://myuhcfp.com)



Click Member Log In. The first time you will need your Group ID **306931** and Group Name **Palm Beach County Firefighters**. If you do not have this information, please call Customer Service at **1-800-444-5854**.



Round out your coverage with a supplemental health plan that's designed to help you plan for the unexpected

# Benefit Assist is here to help



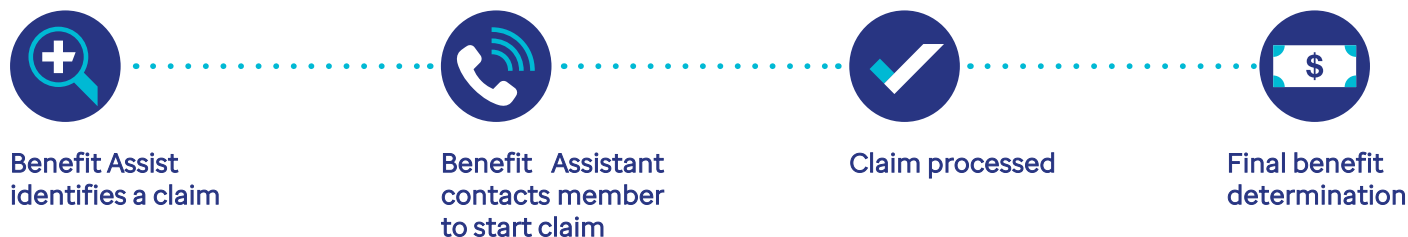
## You can focus on your health while we handle the rest

If you're enrolled in a UnitedHealthcare health plan and a supplemental plan – such as Accident, Critical Illness or Hospital Indemnity – you have access to personalized support from Benefit Assist. Benefit Assist can help make the process easier and help you get paid faster by:

- Reviewing your eligible medical claims to see if you qualify for a benefit payout
- Notifying you if any medical claims may qualify for a benefit payout from your supplemental plan
- Connecting you with a claims specialist who will walk you through the process of submitting a supplemental plan claim

This service is available at no additional cost as part of your medical and supplemental plan benefits.

### How does it work?



There's no obligation to use Benefit Assist to file your supplemental health plan claim. You have the option to submit your own claim by calling the number below.

**Call 1-866-556-8298**

Monday-Friday, 8 a.m.–6 p.m. ET



# Easy steps to file a manual claim



Follow these steps if you have a UnitedHealthcare Accident, Critical Illness or Hospital Indemnity Plan.

## Steps to file a claim

Use the informational checklist below to gather the required information to start the claim process. Have this information ready when you call us. If someone makes the call for you, he or she will need to provide this information on your behalf.



Call us toll free at **1-800-444-5854**. Hours of operation are Monday-Friday, 8 am-8 pm ET.

### Information checklist

- ✓ Employer's name and location
- ✓ Your full name and Social Security number
- ✓ Your complete address and phone number
- ✓ Date of birth
- ✓ Marital status and number of dependents
- ✓ Last day you worked
- ✓ Details of medical event
- ✓ Physician's name, address and phone number
- ✓ Date(s) of treatment

### After we've received all the completed paperwork, we will:

- ✓ Inform you by phone or letter within 5 business days that we are reviewing everything
- ✓ Ensure your claim receives a thorough, fair and objective evaluation
- ✓ Send benefit payment to you upon approval, if it applies; if your claim is not approved, a claim specialist will inform you by phone and letter



# Here's the fine print

**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. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/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 Ý: 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.

توضيح: إذا لم تكن تتحدث اللغة العربية (**Arabic**)، فسيكون لدينا خدمة الترجمة المجانية. يرجى الاتصال برقم الهاتف المجاني على بطاقة هويتك.

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.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: 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 yániit'go, saad bee áka'anida'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'ízi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.



Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

United Healthcare Accident Protection product is provided by United Healthcare 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. United Healthcare Insurance Company is located in Hartford, CT.

United Healthcare Critical Illness product is provided by United Healthcare Insurance Company on form UH-ICI-POL-1 et al., in Texas on UH-ICI-POL-1 and in Virginia on UH-ICI-POL-1-V. A. Hospital Indemnity 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. United Healthcare Insurance Company is located in Hartford, CT.

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. United Healthcare Insurance Company is located in Hartford, CT.

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. For more details, contact your broker or UnitedHealthcare sales representative.