

Sold UAF for Neenah Joint School District

Issued on: September 25, 2023



United Healthcare

Company Overview for Neenah Joint School District

Effective Date: 01/01/2024

Why Choose UnitedHealthcare?

Cost Savings

Get administrative credits when purchasing more than one plan from UnitedHealthcare. The more you bundle, the more you save.

Convenience

The advantages available when purchasing multiple products include:

- One account management team
- Simplified eligibility and enrollment process
- Consolidated billing
- One dedicated customer service line and member website

Better Health

To help your employees make better health care decisions, all members receive actionable health and wellness education. When you purchase medical and specialty products together, we leverage employee claims data to provide personalized recommendations. We call that approach Bridge2Health.

- For individuals with specifc chronic illnesses, our targeted outreach encourages them to receive care that can improve their health and reduce costs.

- For members who file disability claims, case managers help manage their recovery so they can return to health and return to work.

Bridge2Health is available to groups with medical coverage and one or more specialty products. Ask your consultant or UnitedHealthcare representative for participation requirements.

Where else can you find as much value from one organization? Now is the time to discover the strength of our UnitedHealthcare Specialty Benefits product portfolio.

About UnitedHealth Group®

UnitedHealth Group is a diversified health and well-being company dedicated to helping the health care system work better. UnitedHealth Group's mission is to help people live healthier lives by:

- Seeking to enhance the performance of the health system and improve the overall health and well-being of the people the company serves and their communities;

- Working with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price; and

- Supporting the physician/patient relationship and empowering people with the information, guidance and tools they need to make personal health choices and decisions.

Hospital Indemnity Protection Plan Sold UAF for Neenah Joint School District

Hospital Indemnity Protection Plan (HIPP)	Non-Contributory
Legal Entity	UnitedHealthcare Insurance Company
	All Active Full Time Employees enrolled in Medical
Eligibility	working a minimum of 30 hours per week
Plan Design	HIPP HSA Plan
Coverage Level	Base + Enhanced
Base + Enhanced Plan Benefits	Option A
Hospital Admission	\$150
(1 day/plan year)	
Hospital Confinement	\$75
(up to 29 days/plan year)	
ICU Confinement	\$75
(up to 29 days/plan year)	
ICU Admission	\$150
(1 day/plan year)	
Monthly Rates	Option A
Base + Enhanced Plan - (Employer Paid)	0 4.00
Employee Only	\$1.89
With Spouse With Children	\$3.38 \$3.72
With Spouse & Children	\$5.65
With Spouse & Children	\$3.05
Number of Eligible Employees	561
Employer Contribution- Employee Coverage	100%
Employer Contribution- Spouse Coverage	100%
Employer Contribution- Children Coverage	100%
Participation Requirements- Employee Coverage	Waived
Broker Commissions	Flat 10.00%
Rate Guarantee	36 months

Hospital Indemnity Protection Plan Assumptions for Neenah Joint School District

Effective Date: 01/01/2024

Hospital Indemnity Protection Plan Assumptions

Dependent children are covered to age 26

The Employee must be approved for coverage in order for dependent coverage to be available.

Exclusions and Limitations

This Certificate 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;
- 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 motorized vehicle on any racetrack or speedway;
- 15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
- 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 remuneration is received.

Accident Protection Plan Sold UAF for Neenah Joint School District

Accident Protection Plan v2	Standard
Legal Entity	UnitedHealthcare Insurance Company
Eligibility	All Active Full Time Employees Enrolled in Medical working a minimum of 30 hours per week
Plan Design	24 Hour
Plan Design Benefits	Option A
Initial Care	
Ground Ambulance	\$200
Emergency Room Treatment	\$100
Physician Office/Urgent Care (per visit)	\$50
Follow Up Care	
Appliances Benefit	
- Wheelchair	\$75
- Knee Scooter	\$75
- Knee Immobilizer	\$75
- Lumbar Spine Brace	\$75
- Walking Boot	\$50
- Walker	\$50
- Crutches	\$50
- Leg Brace	\$50
- Cervical Collar	\$50
- Cane	\$25 \$25
- Ankle Brace	\$25
- Ankle Boot - Air Cast	\$25
Major Diagnostic Exam	\$25
Minor Diagnostic Exam	\$173
Common Injuries	ψου
Lacerations	
- Greater Than 15 cm	\$200
- 5 cm - 15 cm	\$100
- Less Than 5 cm	\$25
- Not Requiring Sutures	\$15
Fractures	Open Reduction / Closed Reduction
 Skull (Depressed, except bones of face or nose) 	\$1,500 / \$750
- Sternum	\$1,500 / \$750
- Hip, Thigh (Femur)	\$1,500 / \$750
 Skull (Simple, except bones of face or nose) 	\$750 / \$375
- Leg (from top of tibia to ankle joint)	\$750 / \$375
- Pelvis (Excluding Coccyx)	\$750 / \$375
- Vertebrae (body of)	\$750 / \$375
- Sacral / Sacrum	\$375 / \$188
- Face or Nose (except teeth)	\$375 / \$188
- Upper Arm (Elbow to Shoulder)	\$375 / \$188
- Upper Jaw (except Alveolar process)	\$375 / \$188
- Ankle	\$300 / \$150
- Foot (except Toes)	\$300 / \$150
- Forearm, Hand, Wrist (except Fingers)	\$300 / \$150
- Kneecap	\$300 / \$150
- Lower Jaw (except Alveolar process)	\$300 / \$150
- Shoulder Blade or Collarbone	\$300 / \$150
- Vertebral Process	\$300 / \$150
- Coccyx	\$150 / \$75
- Finger or Toe	\$150 / \$75
Dislagations	Chip Fractures: 25% of amounts shown for Closed Reduction
Dislocations	Open Reduction / Closed Reduction
- Hip	\$1,200 / \$600
- Elbow	\$300 / \$150
- Ankle	\$300 / \$150
- Collar Bone (Sternoclavicular)	\$300 / \$150
- Foot (except toes)	\$300 / \$150

Accident Protection Plan Sold UAF for Neenah Joint School District

Accident Protection Plan v2	Standard
Legal Entity	UnitedHealthcare Insurance Company
- Hand	\$300 / \$150
- Knee Cap (Patella)	\$300 / \$150
- Lower Jaw	\$300 / \$150
- Shoulder Blade	\$300 / \$150
- Wrist	\$300 / \$150
- Collerbone (Acromioclavicular separation)	\$120 / \$60
- Finger or Toe	\$120 / \$60
Quoted Monthly Rates	Non-Contributory
Benefits	Option A
Employee	\$0.96
Employee + Spouse	\$1.53
Employee + Child(ren)	\$1.99
Employee + Spouse + Child(ren)	\$3.04
Number of Eligible Employees	561
Employer Contribution- Employee Coverage	100%
Employer Contribution- Dependent Coverage	100%
Participation Requirements- Employee Coverage	Waived
Broker Commissions	Flat 10.00%
Rate Guarantee	36 months

Accident Protection Plan Assumptions for Neenah Joint School District

Effective Date: 01/01/2024

Accident Protection Plan Assumptions

Dependent children are covered to age 26

We will not cover any loss caused or contributed to by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);

2. suicide or intentionally self-inflicted Injury;

3. active participation in a riot;

4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;

5. taking part in the commission of an assault or being engaged in an illegal activity;

6. 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;

7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;

8. driving or in physical control of a Motor Vehicle while Intoxicated;

9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;

10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;

12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;

13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or

14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent 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.

15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

Critical Illness Plan Sold UAF for Neenah Joint School District

Effective Date: 01/01/2024

Critical Illness Protection Plan	
Prospect Name	Neenah Joint School District
Proposed Effective Date	1/1/2024
Eligibility	All active, full time employees Enrolled in Medical working a minimum of 30 hours per week
Funding Type	Non-Contributory
Covered Conditions	Base Conditions
Benefits Payable	Option A
	Non-Contributory Plan
Employee Guarantee Issue	\$2,000
Spouse Guarantee Issue	\$1,000
Child(ren) Guarantee Issue	\$500
Additional Occurrence Benefit	100% of maximum benefit amount payable per covered employee or dependent for a different covered condition.
Limitations and Exclusions	
Coverage Termination	At Retirement
Number of Eligible Lives	736
Rating Basis	Attained Age
Monthly Premium	Option A
Employee	\$1.36
Employee + Spouse	\$2.14
Employee + Child(ren)	\$1.40
Employee + Spouse + Child(ren)	\$2.18
Employer Contribution-Employee	100%
Employer Contribution-Spouse	100%
Employer Contribution-Child(ren)	100%
Participation Requirements	Waived
Broker Commissions	Flat 10.00%
Rates Guaranteed For	36 months

Base Conditions Only

Base Covered Conditions	% of Maximum Benefit Amount Payable per Insured
Benign Brain Tumor	100%
Cancer - Invasive	100%
Cancer - Non-Invasive	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%

Critical Illness Plan Assumptions for Neenah Joint School District

Effective Date: 01/01/2024

Critical Illness Protection Plan Assumptions

Dependent children are covered to age 26

The Employee must be approved for coverage in order for dependent coverage to be available.

We will not cover a Critical Illness under the Policy if it is due to:

- 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. voluntary use of alcohol or the voluntary non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician;
- 7. cosmetic or elective surgery; or
- 8. attempted suicide, while sane or insane.

- We also will not pay a benefit for a Critical Illness:

- 1. for which the Covered Person's Date of Diagnosis for any type of Critical Illness, as defined in the Policy, was prior to his Effective Date of insurance;
- 2. that was diagnosed outside of the United States or Canada, unless the diagnosis was confirmed by a Physician practicing within the United States or Canada.

Supplemental Health Combo Plan Sold UAF for Neenah Joint School District

Combo Product Plan		
Quoted Monthly Rates	Non-Contributory	
Benefits	Option A	
Employee	\$4.21	
Employee + Spouse	\$7.04	
Employee + Child(ren)	\$7.11	
Employee + Spouse + Child(ren)	\$10.87	
Number of Eligible Employees	561	
Employer Contribution- Employee Coverage	100%	
Employer Contribution- Spouse Coverage	100%	
Employer Contribution- Children Coverage	100%	
Participation Requirements- Employee Coverage	Waived	
Broker Commissions	Flat 10.00%	
Rate Guarantee	36 months	

Disclaimers for Neenah Joint School District

Effective Date: 01/01/2024

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 15% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.

- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.

- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting

- Assumed contract situs is Wisconsin.

- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.

- Employers assumed primary business is classified as 8211 SIC code.
- Rates may change on renewal in accordance with the terms of the policy.

Disclaimers

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document. Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare and its related entities, other than is necessary to evaluate this proposal.

