



Welcome Kit Employer Paid Worksite Coverage

Supplemental Health Combo Package

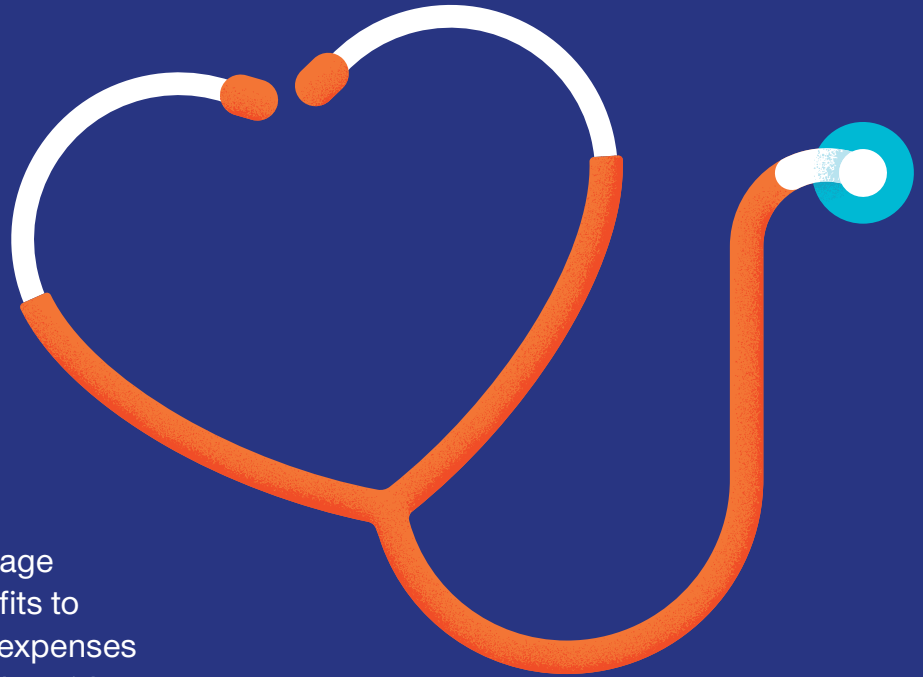
Accident Insurance

Critical Illness Insurance

Hospital Indemnity Insurance



A financial safety net when you need it most



The Supplemental Health Combo package is a conveniently bundled suite of benefits to help you manage unexpected medical expenses due to critical illness, hospital stays and accidents.

A benefit to help pay your medical expenses, so you can focus on getting better

When you complement your health plan with extra protection from the Supplemental Health Combo package and experience a covered medical event, you'll receive a benefit payment that you can use for anything from medical expenses to groceries—or whatever you may need.

One supplemental health package to help you manage many of life's "what-ifs"

The Supplemental Health Combo package provides coverage for a range of illnesses and accidents, so a bundle like this may help take the guesswork out of deciding which coverage is the right fit for you.



Critical illness

- Cancer
- Heart attack
- Stroke



Hospital indemnity

- Hospital or ICU admissions and stays



Accident

- Emergency room treatment
- Physician visits
- X-rays

Here are a couple of examples* of the Supplemental Health Combo package at work

Say you fracture your leg. As part of your medical plan, you're still responsible for initial cost-shares like copays and deductibles— which means you could end up paying thousands of dollars out-of-pocket. But with the Supplemental Health Combo package you'll get a benefit payout to help offset those costs.

Accident protection benefits	Payment
Emergency room visit	\$200
Diagnostic exam (X-ray)	\$100
Initial physician visit	\$100
Crutches	\$100
Fracture benefit	\$1,250
Your total payment:	\$1,750

You'll receive an accident protection benefit payment of



\$1,750

and you can use it however you choose

* For illustrative purposes only. Example is based on the High Plan (Plan C). For more information, refer to plan benefit materials.

Perhaps you experience a critical illness—like a heart attack—that requires a 3-day hospital stay with days 1 and 2 in the ICU. With the Supplemental Health Combo package covering the heart attack at 100% and providing hospital indemnity benefits, here's how it could play out.

Critical illness benefits	Payment
Heart attack— 100% payout	\$5,000
Your total critical illness payment:	\$5,000

Hospital indemnity benefits	Payment
Hospital admission (day 1)	\$300
Hospital confinement (days 2 – 3)	\$300
ICU admission (day 1)	\$300
ICU confinement (day 2)	\$150
Your total hospital indemnity payment:	\$1,050

You'll receive critical illness and hospital indemnity benefit payments totaling



\$6,050

and you can use it however you choose

Learn more

See your plan documents for benefit detail

**United
Healthcare**

Hospital Indemnity, Critical Illness and Accident Protection plans are issued as separate policies. THESE POLICIES PROVIDE LIMITED BENEFITS.

Benefits and programs may not be available in all states or for all group sizes. Components subject to change. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare sales representative.

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.

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 Hospital 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.

Neenah Joint School District
Summary of Benefits
Hospital Indemnity Protection Plan



Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective Date	1-Jan-24
Eligibility	All active full time Employees working a minimum of 30 hours per week who are enrolled in the NJSD Medical plan; and eligible Early Retirees under the age of 65 who are enrolled in the NJSD Medical plan <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Benefits Payable	Non-Contributory Coverage
Plan Design	HIPP HSA Plan
Coverage Level	Base + Enhanced
Plan Benefits	
Hospital Admission <i>(1 day/plan year)</i>	\$150
Hospital Confinement <i>(up to 29 days/plan year)</i>	\$75
ICU Confinement <i>(up to 29 days/plan year)</i>	\$75
ICU Admission <i>(1 day/plan year)</i>	\$150
Non-Contributory	100% Company Paid for Employee and Eligible Spouse/Domestic Partner

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.

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

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Important Details

This Summary of Benefits sheet is an overview of the Hospital Protection Insurance being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26

Exclusions and Renewal Provisions

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 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;
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 remuneration is received.

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

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Neenah Joint School District

Summary of Benefits Accident Protection Plan



Effective Date	1-Jan-24
Eligibility	All active full time Employees working a minimum of 30 hours per week who are enrolled in the NJSD Medical plan; and eligible Early Retirees under the age of 65 who are enrolled in the NJSD Medical plan <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Benefits Payable	Non-Contributory Coverage
Plan Design	24 Hour (Coverage is for accidents that happen on and off the job.)
Portability	Included
Plan Benefits	
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
- Ankle Brace	\$25
- Ankle Boot	\$25
- Air Cast	\$25
Major Diagnostic Exam	\$175
Minor Diagnostic Exam	\$50
Common Injuries	
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
Chip Fractures: 25% of amounts shown for Closed Reduction	

Neenah Joint School District

Summary of Benefits Accident Protection Plan



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
- 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

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare 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). Please note: ACCIDENT PROTECTION 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.

Important Details

This Summary of Benefits sheet is an overview of the Accident Protection Insurance being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26

Exclusions and Renewal Provisions

The policy does not cover loss due to disease, bodily or mental infirmity; suicide or intentionally self-inflicted injury, participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities including any kind of air diving / gliding / bungee jumping, off road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats); engaging in semi or professional sports. Injury on the job is only covered under the 24 hour option.*

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy, or the Policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.*

*Some state variations may apply

Exclusions and Limitations

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

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.

Neenah Joint School District
Summary of Benefits
Critical Illness Plan



Effective Date	1/1/2024
Eligibility	All active full time Employees working a minimum of 30 hours per week who are enrolled in the NJSD Medical plan; and eligible Early Retirees under the age of 65 who are enrolled in the NJSD Medical plan <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Benefits Payable	
Non-Contributory Plan	
Employee Guarantee Issue	\$2,000
Spouse Guarantee Issue	\$1,000
Child(ren) Guarantee Issue	\$500
Additional Benefits	
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
Employer Contribution-Spouse	100%
Employer Contribution-Child(ren)	100%

Covered Critical Illness Conditions	
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%

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. 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.

Important Details

This Summary of Benefits sheet is an overview of the Critical Illness Insurance being offered and is provided for illustrative purposes only and 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.

Dependent children are covered to age 26

Exclusions and Renewal Provisions

Exclusions and Limitations

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.