

**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.



Critical Illness Insurance - Help protect yourself from costly medical expenses with UnitedHealthcare.

Critical Illness Protection Plan pays a lump sum benefit if you are diagnosed with a covered illness or condition. All benefits are paid directly to you and can be used towards any expense.

Your Critical Illness Protection Plan highlights:

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

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

Maximum Benefit Amount

Employee	\$20,000
Spouse	\$10,000
Child(ren)	\$10,000

Plan Provisions

Reoccurrence Benefit	Benefit payable for the same Covered Condition
Cancer Reoccurrence Benefit	Benefit payable for the same Cancer Condition category
Portability	Included - You can take your coverage with you if you leave Watts Water Technologies

Covered Conditions

Covered Conditions	Percentage of Insured's Maximum Benefit Amount Payable
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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%
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%

Childhood Disease Conditions

Cerebral Palsy	100% of Dependent Child Benefit
Childhood Diabetes	100% of Dependent Child Benefit
Cleft Lip / Palate	100% of Dependent Child Benefit
Congenital Heart Disease	100% of Dependent Child Benefit
Cystic Fibrosis	100% of Dependent Child Benefit
Down Syndrome	100% of Dependent Child Benefit
Muscular Dystrophy	100% of Dependent Child Benefit
Sickle Cell Anemia	100% of Dependent Child Benefit
Spina Bifida	100% of Dependent Child Benefit

Neurological Disease Conditions (diagnosis only)

Alzheimer's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Huntington's Disease	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%

Occupational Conditions

Occupational Hepatitis	100%
Occupational HIV	100%

Wellness Benefit

Wellness Benefit pays you and your covered family member a benefit of \$100 once per calendar year per insured if you complete one of the covered exams.

This benefit is auto-adjudicated if you are enrolled in the UHC medical plan.

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
Breast MRI
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

Mammography
Monoclonal Antibody Therapy
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 Insured



Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

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.
What does Critical Illness Coverage provide me?	Critical Illness coverage provides protection against the expense of a serious medical conditions.
Who pays for my Critical Illness coverage?	Your employer has made CIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer working a minimum of 30 hours per week, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
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.
Can I receive a benefit for more than one of the covered conditions?	Each Covered Condition is payable at least one time for diagnoses that occur while coverage is in force. Your Certificate of Coverage may require a separation period be met between the dates of diagnoses. <i>(Note: This is commonly referred to as additional occurrence.)</i>
If I have received a benefit for a covered condition (i.e., Heart Attack) and then get diagnosed again with that same condition, will another benefit be payable?	Yes, you are eligible for another benefit payment for the same Covered Condition. This is referred to as Reoccurrence Benefit, and allows you to receive a benefit when: <ul style="list-style-type: none">• You are diagnosed for a covered condition we have already paid a benefit for;• The diagnosis date of the reoccurrence is at least 180 days following the previous date of diagnosis. Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence.
I suffered a heart attack before I elected the Critical Illness Protection Plan. Would I be eligible for a benefit?	We do not pay for events that occurred before the effective date of coverage. However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.

Is Cancer eligible for a reoccurrence benefit?	Yes, you are eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.
	<p>Cancer Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none">• You are diagnosed with a covered cancer condition we have already paid a benefit for; and• The diagnosis date of the cancer reoccurrence is at least 180 days following the previous date of diagnosis; and
	Coverage must be in force on the date the cancer reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered a cancer reoccurrence diagnosis
What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?	We have 3 distinct categories of Cancer Covered Conditions: <ul style="list-style-type: none">• Invasive• Non-Invasive• Skin
	A diagnosis of cancer from the same Cancer Covered Condition “category” would be considered a Cancer Reoccurrence. (i.e. Invasive Cancer → Invasive Cancer).
	A diagnosis of cancer from a different Cancer Covered Condition “category” would be considered an additional occurrence. (i.e. Invasive Cancer → Non-Invasive Cancer).
What is considered “active treatment” when you look at no treatment for a Cancer reoccurrence benefit?	Active Treatment for Cancer means consultation, care or services provided by a Physician while Cancer is present. This includes diagnostic measures and taking prescription medications
	Active Treatment for Cancer does not include maintenance drug therapy or routine follow-up office visits, including testing or surveillance imaging.
If a diagnosis of a Child Only Covered Condition is made during pregnancy, would we be eligible to receive a benefit for that condition if I choose to cover them as a dependent?	Dependent Children are eligible for coverage from the moment of live birth. If the diagnosis occurs prior to birth, that condition would be payable provided the child survives to live birth and becomes insured as a dependent child.
I enrolled my 5 year old child, who was diagnosed at birth with one of the Child Only Covered conditions. Would we be eligible to receive a benefit for that condition?	For a condition to be payable, coverage must be in force on the date of diagnosis. Therefore, in this situation, because diagnosis was made prior to the coverage effective date, a benefit would not be payable.



Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered. This is not a contract. For detailed information, please refer to your certificate of coverage. 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 or have any questions

- Call 800-539-0038 or visit the member portal at myuhcfp.com to file a claim
- Employees enrolled in both UHC health and supplemental health plan will receive support through UHC's Benefit Assist service following a qualifying critical illness diagnosis, or serious accident. Benefit Assist reviews and auto-adjudicates Wellness and some Accident/Critical Illness claims and/or connects you with a claims specialist to guide you through the process and ensure timely benefit payouts
- Watch this video on Benefit Assist by scanning the QR code to the right



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.

**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.*



Critical Illness Cost Summary

Premiums shown are monthly deductions and are based on the employee's age and tobacco status. Spouse age and tobacco status are based on spouse's age and tobacco status.

Employee Coverage Monthly Rates Includes Wellness Benefit Rider		
Age Range	Non-Tobacco User Benefit \$20,000	Tobacco User Benefit \$20,000
Under 25	\$6.20	\$6.60
25-29	\$7.40	\$8.00
30-34	\$8.60	\$9.80
35-39	\$10.60	\$13.00
40-44	\$14.60	\$20.00
45-49	\$21.20	\$34.20
50-54	\$31.00	\$55.40
55-59	\$42.40	\$81.60
60-64	\$59.80	\$123.80
65-69	\$81.20	\$177.80
70-74	\$111.80	\$241.20
75+	\$138.60	\$268.80

Spouse Coverage Monthly Rates Includes Wellness Benefit Rider		
Age Range	Non-Tobacco User Benefit \$10,000	Tobacco User Benefit \$10,000
Under 25	\$5.00	\$5.10
25-29	\$6.20	\$6.40
30-34	\$7.10	\$7.50
35-39	\$8.20	\$9.20
40-44	\$10.10	\$12.40
45-49	\$13.20	\$18.00
50-54	\$17.20	\$26.80
55-59	\$21.60	\$36.60
60-64	\$27.70	\$51.00
65-69	\$34.40	\$66.90
70-74	\$44.70	\$85.20
75+	\$61.70	\$109.50

Children Coverage Monthly Rate Includes Wellness Benefit	
Coverage Amount	Rate
\$10,000	\$4.20

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.



Actively working to get your benefit payout to you

With UnitedHealthcare Benefit Assist in your corner, the claims process is easier

If you're a UHC health plan member with a supplemental health plan – like Accident and Critical Illness – it's good to know you've got Benefit Assist looking out for you. The service, included at no additional cost, is designed to help make sure you get the benefits you're eligible for – and get them easier.

Here's how Benefit Assist does the heavy lifting for you:



Review

Benefit Assist will review your eligible medical claims



Support

If any of your medical claims appear to qualify for a supplemental health plan benefit payout, you will either be paid automatically or contacted directly*



Connect

When an eligible event is not paid automatically, a claims specialist may help you submit your supplemental health plan claim and get your eligible benefit payout

If you have any questions or have not heard from UHC Benefit Assist after an eligible event, please call 800-539-0038 for assistance

*Calls may appear on caller ID as Personify Health, Unknown or an 888 number.
continued

There's no obligation to use Benefit Assist to file your supplemental health plan claim



Watch this video on Benefit Assist

Watch this video on Benefit Assist
Click the image or scan the QR code to the right with
your smartphone



Initiate a claim

Visit the member portal at myuhcfc.com or call 1-800-539-0038

United
Healthcare®

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.

Specialty 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 coverage details, contact your company or UnitedHealthcare.

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 coverage details, 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 coverage details, 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. UnitedHealthcare Insurance Company is located in Hartford, CT.