

Welcome to your supplemental health plans

United Healthcare® | COMPASS GROUP®

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Open enrollment

Benefit plan details are here

Use this guide to review your supplemental benefits. Inside, you can check out your plan details, learn about other benefits and more. Ready?

Let's get started

Review your Supplemental Health Benefits.

Prefer to talk to a person? We're here to help. 1-877-624-8390

Review your supplemental benefits

These plans pay lump sums directly to you with no restrictions on how the money is spent.

- **Accident Protection** pays cash benefits for covered injuries
- **Critical Illness Protection** pays cash benefits if you're diagnosed with a covered condition
- **Hospital Indemnity Protection** pays cash benefits after a covered hospital stay

Benefits	Accident Protection	Critical Illness Protection	Hospital Indemnity Protection
Get paid for doing health screenings		✓	
No deductible to meet to receive your benefits • Simply submit a claim form with copies of your receipts for covered items – you can call a claims specialist if you need help	✓	✓	✓
Save or spend the money any way you choose. Use it to: • Cover your health plan deductible and other out-of-pocket costs, such as medications, rehabilitation and transportation • Pay your bills and other living expenses • Grow your savings account or your Health Savings Account (HSA)	✓	✓	✓
Portable: You can take the plan with you if you change jobs or retire	✓	✓	✓

Enroll during the Compass Group USA, Inc. annual enrollment period

Life is full of unexpected events. Complement your health plan with extra protection – and feel more prepared to handle what comes your way.

For more coverage detail,

see your summary of benefits and official plan documents



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 of the Low Option

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)	$300
Emergency room visit	$250
Initial physician visit	$350
Total:	**$900**

Follow-up care/common injuries	Payment
Major diagnostic exam	$250
Wrist fracture treatment	$1,500
Surgical ligament tear repair	$750
Knee immobilizer	$150
Follow-up physician visit	$150
Physical therapy sessions (10 total)	$500
Organized sporting injury benefit	$225
Total:	**$3,525***

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



Total cash benefit paid to Matt

$4,425



Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. 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 Critical Illness Protection Plan.

Critical Illness Protection

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 of the Low Option

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 $15,000 plan	Payout percentage	Payment
Invasive cancer	100%	$10,000
Stroke	100%	$10,000
Total		**$20,000**

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

Total cash benefit paid to Sharon

$20,000

Wellness benefit

Get screened, earn money

Your UnitedHealthcare supplemental critical illness health plan option includes a wellness benefit that may put money in your pocket. You could earn up to $50 per person for you and your family members* – to use any way you'd like – just for completing screenings such as blood tests, colonoscopies or stress tests.

* The plan will pay 1 wellness benefit per covered person per year on the Critical Illness Protection Plan. This plan applies only to associates and their covered spouse and child.

Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. 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 Protection 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 among other benefits. 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 of the High Option

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 High Option	Payment
Hospital admission (day 1)	$2,200
Hospital confinement (days 2–5)	$800
Total	**$3,000**

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

Total cash benefit paid to Clark

$3,000

For more coverage detail,

see your summary of benefits and official plan documents

Compass Group USA, Inc.
Summary of benefits

Scan to learn more about your Accident Protection Plan.

Accident Protection Plan

Effective date	Jan. 1, 2027
Eligibility	All active associates working a minimum of 20 hours per week, excluding associates residing in New Mexico
Plan design	24-hour (coverage is for accidents that happen off the job)
Portability	Included
Telephonic claim submission	Included

Benefits		
	Low option	**High option**
Initial care		
Air ambulance	$1,300	$2,500
Emergency room treatment	$250	$500
Ground ambulance	$300	$600
Physician office/urgent care (per visit)	$350	$500
Hospital care		
Hospital admission	$1,200	$2,000
Hospital confinement	$350	$500
Hospital ICU admission	$1,200	$2,000
Hospital ICU confinement	$550	$800
Follow-up care		
Appliances benefit		
– Air cast	$100	$250
– Ankle boot	$100	$250
– Ankle brace	$100	$250
– Cane	$100	$250
– Cervical collar	$100	$250
– Crutches	$100	$250
– Knee immobilizer	$150	$300
– Knee scooter	$150	$300
– Leg brace	$100	$250
– Lumbar spine brace	$150	$300
– Walker	$100	$250
– Walking boot	$100	$250
– Wheelchair	$150	$300
Follow-up physician visit (up to 6 visits)	$150	$200
Major diagnostic exam	$250	$500
Minor diagnostic exam	$50	$50
Prosthetic		
– 1 device	$625	$1,500
– 2 or more devices	$1,000	$2,400
Rehabilitation facility (per day/up to 30 days)	$150	$225
Rehabilitation therapy (per visit/up to 10 visits)	$50	$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.

Summary of Benefits | Accident Protection Plan

Common injuries		
Abdominal/thoracic surgery		
– Exploratory without repair	$150	$350
– Surgery to repair	$1,000	$2,500
Arthroscopic surgery	$150	$350
Blood/plasma/platelets	$500	$650
Burns		
– 2nd degree (at least 36% of body surface)	$1,150	$1,800
– 3rd degree (9 to 34 sq. inches)	$6,000	$10,000
– 3rd degree (35 or more sq. inches)	$15,000	$25,000
	Skin Graft = 25% of burn benefit	
Coma	$15,000	$20,000
Concussion	$200	$500
Cranial surgery	$1,000	$2,500
Emergency dental work		
– Crown(s)	$300	$500
– Extraction(s)	$75	$200
Eye surgery		
– Removal of foreign body	$80	$120
– Surgical repair	$300	$450
Hernia surgery	$250	$250
Lacerations		
– Greater than 15 cm	$400	$1,000
– 5 cm–15 cm	$200	$500
– Less than 5 cm	$75	$125
– Not requiring sutures	$25	$75
Lodging (per day up to 30 days)	$150	$250
Paralysis		
– Hemiplegia	$5,000	$10,000
– Paraplegia	$13,500	$20,000
– Quadriplegia	$20,000	$30,000
Ruptured/herniated disc	$750	$1,000
Tendon/ligament/shoulder cartilage/ rotator cuff/knee cartilage surgery		
– Exploratory without repair	$150	$350
– Surgery to repair one	$750	$1,100
– Surgery to repair more than one	$1,500	$1,750
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	$650	$850

Summary of Benefits | Accident Protection Plan

Fractures	Open Reduction/Closed Reduction	
– Ankle	$3,000/$1,500	$5,000/$2,500
– Coccyx	$1,000/$500	$1,500/$750
– Face or nose (except teeth)	$2,000/$1,000	$3,000/$1,500
– Finger or toe	$450/$225	$900/$450
– Foot (except toes)	$3,000/$1,500	$5,000/$2,500
– Forearm, hand, wrist (except fingers)	$3,000/$1,500	$5,000/$2,500
– Hip, thigh (femur)	$5,000/$2,500	$10,000/$5,000
– Kneecap	$3,000/$1,500	$5,000/$2,500
– Leg (from top of tibia to ankle joint)	$4,000/$2,000	$6,000/$3,000
– Lower jaw (except alveolar process)	$2,400/$1,200	$4,000/$2,000
– Pelvis (excluding coccyx)	$6,000/$3,000	$8,000/$4,000
– Shoulder blade or collarbone	$3,000/$1,500	$5,000/$2,500
– Skull (depressed, except bones of face or nose)	$8,250/$4,125	$10,000/$5,000
– Skull (simple, except bones of face or nose)	$8,250/$4,125	$10,000/$5,000
– Sternum	$2,400/$1,200	$4,000/$2,000
– Upper arm (elbow to shoulder)	$4,000/$2,000	$5,500/$2,750
– Upper jaw (except alveolar process)	$2,500/$1,250	$3,500/$1,750
– Vertebrae (body of)	$6,000/$3,000	$8,400/$4,200
– Vertebral process	$2,400/$1,200	$4,000/$2,000
	Chip Fractures: 25% of amounts shown for Closed Reduction Open Reduction/Closed Reduction	
Dislocations		
– Ankle	$2,400/$1,200	$4,000/$2,000
– Collarbone (acromioclavicular separation)	$2,000/$1,000	$3,000/$1,500
– Collarbone (sternoclavicular)	$2,000/$1,000	$3,000/$1,500
– Elbow	$2,000/$1,000	$3,000/$1,500
– Finger or toe	$600/$300	$700/$350
– Foot (except toes)	$2,400/$1,200	$4,000/$2,000
– Hand	$2,000/$1,000	$3,000/$1,500
– Hip	$7,000/$3,500	$8,000/$4,000
– Kneecap (patella)	$4,000/$2,000	$6,000/$3,000
– Lower jaw	$2,000/$1,000	$3,000/$1,500
– Shoulder blade	$2,000/$1,000	$4,600/$2,300
– Wrist	$2,000/$1,000	$3,000/$1,500
Organized sporting activity injury	Increases amounts payable under Follow-up care and Common injuries sections by 25%	
Additional benefits		
Automobile modification benefit	$1,000	$1,000
Monthly rates	**Low option**	**High option**
Associate	$3.62	$5.43
Associate + Spouse	$5.86	$9.89
Associate + Child(ren)	$6.61	$10.65
Associate + Spouse + Child(ren)	$9.03	$15.00

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.
Note: select only 1 option that best fits your coverage needs.

Important details

This Summary of Benefits sheet is an overview of the Accident Protection Plan 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.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Accident Protection Plan exclusions

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 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 hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette, auto-erotic 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, 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
12. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received
13. 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 a 24-hour basis
14. An accident that occurs outside of the United States

Compass Group USA, Inc.
Summary of benefits

Scan to learn more about your Critical Illness Protection Plan.

Critical Illness Protection Plan

Effective date	Jan. 1, 2027
Eligibility	All active associates working a minimum of 20 hours per week, excluding associates residing in New Mexico

Base conditions only	
Cancer conditions	Percentage of maximum benefit amount payable per covered person or dependent
Cancer – invasive	100%
Cancer – non-invasive	25%
Skin cancer	$1,000
Vascular conditions	
Coronary artery disease (bypass surgery)	25%
Coronary artery disease (percutaneous coronary intervention)	25%
Heart attack	100%
Ruptured aneurysm	50%
Stroke	100%
Sudden cardiac arrest	50%
Organ failure conditions	
Bone marrow disease	25%
Chronic renal (kidney) failure**	100%
Heart failure*	100%
Major organ failure (liver, lung, pancreas, small bowel)	100%
Functional loss conditions	
Coma	100%
Loss of hearing accident and sickness**	100%
Loss of sight accident and sickness**	100%
Loss of speech accident and sickness**	100%
Paralysis	50%
Infectious disease conditions	
Coronavirus (3 or more days of hospitalization)	$1,000
Infectious disease with confinement (5 or more days)*	50%
Neurological disease conditions* (diagnosis only)	
Alzheimer's disease	50%
Amyotrophic lateral sclerosis (ALS)	100%
Huntington's disease	50%
Multiple sclerosis	50%
Parkinson's disease	50%
Pulmonary conditions	
Acute respiratory distress syndrome (ARDS)	25%
Occupational conditions*	
Occupational hepatitis	50% of the maximum benefit
Occupational Human Immunodeficiency Virus (HIV)	50% of the maximum benefit

*Cerebrospinal meningitis (bacterial), diphtheria, encephalitis, Legionnaires' disease, Lyme disease, malaria, methicillin-resistant staphylococcus aureus (MRSA), necrotizing fasciitis, osteomyelitis, poliomyelitis, rabies, tetanus, tuberculosis

**Not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Additional conditions	
Benign brain tumor	100%
Crohn's disease	25%
Severe burns	100%
Systemic lupus erythematosus (SLE)	25%
Childhood disease conditions**	
Cerebral palsy	50% of the Dependent Child benefit
Cleft lip/palate	50% of the Dependent Child benefit
Cystic fibrosis	50% of the Dependent Child benefit
Down syndrome	50% of the Dependent Child benefit
Congenital heart disease	50% of the Dependent Child benefit
Childhood diabetes	50% of the Dependent Child benefit
Muscular dystrophy	50% of the Dependent Child benefit
Sickle cell anemia	50% of the Dependent Child benefit
Spina bifida	50% of the Dependent Child benefit
Additional benefits	
Recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 1 month. No treatment-free requirement.
Additional occurrence	100% of maximum benefit amount payable per covered associate or dependent for a different covered condition.
Cancer recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a cancer-covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 1 month.
Cancer recurrence treatment free requirement	No active treatment for cancer 1 month prior to the recurrence of a cancer condition.
Portability	Included at Employer's group rate with age limit of 75.
Additional occurrence - separation period	None
Pre-existing condition exclusion	Waived
Wellness benefit	$50 payable upon completion of a covered wellness exam or health screening test. Includes Tier 1, 2 and 3 exams. One covered test per calendar year per covered associate, spouse and child. Includes Tier 1, 2 and 3 exams.
Wellness benefits covered exams	
Tier 1 • Antibody or serology testing • At-Home Screening tests for colon cancer • Biopsy • Blood test for cholesterol • Blood test for triglycerides • Biometric Screenings • Bone density scans • Bone marrow testing • 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 abdominal aorta • Doppler screening for carotids • Doppler screening for peripheral vascular disease • Echocardiogram • Electrocardiogram • Endoscopy	• Fasting blood glucose test • Fasting plasma glucose (FPG) • Flexible sigmoidoscopy • Hemoccult stool analysis • Hemoglobin A1C (HbA1c) • HPV testing • Lipid panel • Mammography • Monoclonal antibody therapy • Pap smear • PSA (blood test for prostate cancer) • Routine dental exam/cleaning • Routine comprehensive eye exam • Routine comprehensive hearing exam • Serum cholesterol test to determine level of HDL and LDL • Serum protein electrophoresis (blood test for myeloma) • Stress test on a bicycle or treadmill • Thermography • ThinPrep pap test • Virtual colonoscopy • Wellness fair screening • Whole body skin cancer screening

**Not eligible for the recurrence benefit

Summary of Benefits | Critical Illness Protection Plan

Wellness benefits covered exams cont.	
Tier 2 • Genetic testing • Immunizations • Routine physicals • Well-child exams (up to age 18)	**Tier 3** • COVID-19 testing administered by a medical or health care professional Benefit paid upon completion of a covered wellness exam or health screening test; one covered test per calendar year.

Benefits payable

	Associate-paid benefits	
Voluntary supplemental plan benefits	**Low option**	**High option**
Associate guarantee issue benefit	$10,000	$20,000
Spouse guarantee issue benefit	$5,000	$10,000
Child(ren) guarantee issue benefit	$5,000	$10,000
Associate must purchase coverage in order to purchase dependent coverage Dependent benefits cannot exceed the associate benefit amount		

Important details

This Summary of Benefits sheet is an overview of the Critical Illness Protection Plan 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.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the policy; or benefits have been fully paid for qualifying conditions 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.

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. 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
7. Cosmetic or elective surgery
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 or her 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

Cosmetic or elective surgery exclusion:

We will not cover a critical illness under the policy if it is due to cosmetic surgery or elective surgery. Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

Reconstructive surgery includes:

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

Elective surgery means:

1. Cosmetic surgery
2. Any other surgery that is:
   a. Not for the purpose of correcting or repairing abnormal structures of the body
   b. Not for the purpose of improving function
   c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

For purposes of excluding benefits, elective surgery does not include:

1. Caesarean section
2. Any surgery related to complications of pregnancy
3. Bariatric surgery performed in conjunction with a diagnosis of morbid obesity

Critical Illness monthly rate tables

The costs shown on these tables are based on the associate's age. Monthly rates will increase as the associate ages into higher age bands.

Effective date	Jan. 1, 2027
Eligibility	All active associates working a minimum of 20 hours per week, excluding associates residing in New Mexico.

Associate-paid benefits

Low Option: EE $10,000/SP $5,000/CH $5,000

Monthly rates age range	Associate only	Associate + spouse	Associate + child(ren)	Associate + spouse + child(ren)
Under 25	$1.67	$2.41	$1.67	$2.41
25–29	$2.05	$2.88	$2.05	$2.88
30–34	$2.71	$3.71	$2.71	$3.71
35–39	$3.66	$4.89	$3.66	$4.89
40–44	$5.09	$6.68	$5.09	$6.68
45–49	$6.64	$8.61	$6.64	$8.61
50–54	$9.28	$11.93	$9.28	$11.93
55–59	$12.98	$16.56	$12.98	$16.56
60–64	$18.90	$23.97	$18.90	$23.97
65–69	$26.12	$33.00	$26.12	$33.00
70–74	$38.25	$48.16	$38.25	$48.16
75+	$38.25	$48.16	$38.25	$48.16

High Option: EE $20,000/SP $10,000/CH $10,000

Monthly rates age range	Associate only	Associate + spouse	Associate + child(ren)	Associate + spouse + child(ren)
Under 25	$3.35	$4.82	$3.35	$4.82
25–29	$4.10	$5.77	$4.10	$5.77
30–34	$5.43	$7.42	$5.43	$7.42
35–39	$7.32	$9.79	$7.32	$9.79
40–44	$10.18	$13.37	$10.18	$13.37
45–49	$13.28	$17.23	$13.28	$17.23
50–54	$18.56	$23.86	$18.56	$23.86
55–59	$25.96	$33.11	$25.96	$33.11
60–64	$37.80	$47.94	$37.80	$47.94
65–69	$52.25	$66.00	$52.25	$66.00
70–74	$76.50	$96.33	$76.50	$96.33
75+	$76.50	$96.33	$76.50	$96.33

Protect your health and earn a reward

Your UnitedHealthcare Critical Illness Protection Plan includes a wellness benefit that helps pay for preventive care and other health screenings.

The wellness benefit may be money in your pocket

Many health plans cover blood tests, mammograms and other screenings at no cost to you.* So, getting a screening to meet your critical illness wellness benefit earns you money by using your plan.

To earn the wellness benefit, complete at least 1 of these screenings or tests:

- 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 cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography
- Virtual colonoscopy

You could earn:

$50

per year

Benefit paid upon completion of a covered wellness exam or health screening test; one covered test per calendar year.

* While many health plans cover preventive care without cost-sharing when provided by a network physician, some charges may apply to these services when they are considered diagnostic (for example, services rendered to treat a health condition). Check your benefit plan documents to see what services are covered.

continued

Program rules

1. Screenings must be completed during the calendar year
2. A covered spouse/domestic partner and child can also earn a benefit
3. The benefit will only be paid for 1 test each calendar year, regardless of the test results. The benefit is paid in addition to any other payments you, your covered spouse/domestic partner and/or your child receive under the policy.
4. If you complete one of the above listed eligible screenings or tests and are also enrolled in the Accident Protection Plan, you will automatically earn the Accident Protection Plan wellness benefit without having to complete an additional screening or test



This is a critical illness-only policy

Help maintain your health

Maintaining or improving your health is important. Routine checkups and screenings can:

1. Help you avoid serious health conditions
2. Allow you and your doctor to work as a team to manage your overall health
3. Assist you in reaching your personal health and wellness goals

Visit uhc.com/preventivecare to:

- View health guidelines and recommendations based on your age and gender
- Get useful health tips
- Access tools, resources and materials to help support your overall health, potentially lowering your out-of-pocket health care costs

Work with your doctor

Once you have the preventive recommendations specific to you, use them to work with your doctor.

Together, you can:

- Evaluate your current health status
- Address any concerns you may have

Then, your doctor can:

- Advise you on appropriate treatments
- Help you make medical decisions that fit your lifestyle

See your official Critical Illness Protection Plan documents for benefit details



Announcement: Required Hospital Indemnity Disclosure

The Departments of Labor, Treasury and Health and Human Services (the "Tri-Agencies") now require a consumer notice be incorporated into materials related to both Group and Individual Hospital Indemnity Insurance. This federal mandate applies to all carriers offering these products.

Tri-Agency Disclosure:

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** 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) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Compass Group USA, Inc.
Summary of benefits

Scan to learn more about your Hospital Indemnity Protection Plan.

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	Jan. 1, 2027
Eligibility	All active associates working a minimum of 20 hours per week, excluding associates residing in New Mexico
Pre-existing conditions exclusion	None
Portability	Included
Maternity	Covered without a waiting period

Benefits payable		
	Low option	**High option**
Hospital admission (up to 3 days/plan year)	$1,100	$2,200
Hospital confinement (up to 29 days/plan year)	$100	$200
ICU admission (up to 3 days/plan year)	$1,100	$2,200
ICU confinement (up to 29 days/plan year)	$100	$200
Inpatient drug & alcohol (up to 30 days/plan year)	$100	$100
Inpatient mental & nervous disorder (up to 30 days/plan year)	$100	$100
Inpatient rehab/therapy (up to 30 days/plan year)	$50	$50
Short stay & observation (up to 23 hours/plan year)	$200	$200
Monthly rates	**Low option**	**High option**
Associate Only	$8.43	$13.74
Associate + Spouse	$18.71	$31.61
Associate + Child(ren)	$14.32	$22.74
Associate + Spouse + Child(ren)	$23.71	$37.91

Important details

This Summary of Benefits sheet is an overview of the Hospital Indemnity Protection Plan 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.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Benefits for a dependent's congenital defects or anomalies (such as, but not limited to, cleft lip or palate) are not subject to pre-existing condition or waiting period restrictions.

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
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 except for cosmetic surgery performed on a dependent who is a child, to correct a congenital defect or anomaly
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
17. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

Reconstructive surgery includes:

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

Elective surgery means:

1. Cosmetic surgery
2. Any other surgery that is:
   a. Not for the purpose of correcting or repairing abnormal structures of the body
   b. Not for the purpose of improving function
   c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

For purposes of excluding benefits, elective surgery does not include:

1. Caesarean section
2. Any surgery related to complications of pregnancy; or bariatric surgery performed in conjunction with a diagnosis of morbid obesity

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**

Click Member Log In. The first time, you will need your Group ID **390257** and Group Name **Compass Group USA, Inc.** If you have any questions, please call Customer Service at **1-877-624-8390.**

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?

Benefit Assist identifies a claim

Benefit Assistant contacts associate to start claim

Claim processed

Final benefit determination

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 1-877-624-8390

Monday–Friday, 8 a.m.–8 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 **1-877-624-8390.** Hours of operation are Monday–Friday, 8 a.m.–8 p.m. 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 receiving 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 associates 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

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 phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at 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 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 LƯU 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.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على البطاقة الخاصة بك.

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. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते है, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध है। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Notes

Notes



THESE ARE LIMITED BENEFIT POLICIES.
UnitedHealthcare Accident Protection product 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). 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 on form UHICI-POL-1 et al., in Texas on UHICI-POL-1 and in Virginia on UHICI-POL-1_VA. 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 on form 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 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. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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 details of the coverage, contact your UnitedHealthcare sales representative.

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.

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.

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