



Benefits designed with care

Explore your plan options for:

Accident Protection Plan

Critical Illness Protection Plan

Hospital Indemnity Protection Plan



Yahoo Holdings Inc.

United
Healthcare

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Plan highlights



Accident Protection

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems. Accident insurance may help cover the added costs you may face following an injury.

How the plan works

If you have a covered injury during the plan year and submit a claim, the Accident Protection Plan will pay

you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. Plus, you don't have to meet a deductible to receive the money – and you can use the money any way you want.

- Benefits paid directly to you
- Group rates
- Convenient payroll deduction
- Guarantee issue coverage (no medical history questions to answer)
- Plan is portable
- Benefits are not affected by other insurance benefits



Critical Illness Protection

Enrolling in a UnitedHealthcare Critical Illness Protection Plan may help give you and your family more financial security if you or a covered family member is diagnosed with a covered illness.

How the plan works

The Critical Illness Protection Plan sends a lump-sum payment directly to you after diagnosis of a covered condition. The plan pays a lump-sum benefit for the diagnosis of a covered critical illness including, but not limited to:

- 12 conditions including heart attack, stroke and cancer
- 6 additional conditions including Alzheimer's, Parkinson's and multiple sclerosis

- 22 conditions covered under the partial benefits rider
- 6 child-only conditions including cerebral palsy, cystic fibrosis and Down syndrome
- In order to receive the COVID benefit, you must be hospitalized for 1 or more consecutive days

The money is yours to use however you want, including paying for:

- Out-of-pocket health plan costs (deductibles, coinsurance, etc.)
- Mortgage or rent
- Groceries
- Prescriptions
- Treatment by a specialist
- Transportation to and from treatment



Hospital Indemnity Protection

Even with health insurance, a hospital stay can mean big out-of-pocket costs and stress, especially if you have a high-deductible health plan. If you receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan will pay you directly in a single lump-sum payment. Use the money any way you choose. This plan may give you the extra financial help you need so you can focus on feeling better.

Get a direct payment after hospital care

Covered hospital expenses include:

- Hospital admission
- Hospital confinement
- Intensive care unit (ICU) admission

- ICU confinement
- Inpatient drug and alcohol
- Inpatient mental and nervous disorder
- Inpatient rehab/therapy

Use the money any way you choose

Use your payments for:

- Health plan deductible and other costs, such as medications, rehabilitation and transportation
- Bills and living expenses
- Growing your savings account, even a Health Savings Account (HSA)



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 wellness screenings	✓	✓	✓
No deductible to meet to receive your benefits	✓	✓	✓
<ul style="list-style-type: none"> • Simply submit a claim form with supporting documentation for covered items — you can call a claim specialist if you need help 	✓	✓	✓
Save or spend the money any way you choose. Use it to:			
<ul style="list-style-type: none"> • Cover your health plan deductible and other out-of-pocket costs, like medications, rehabilitation and transportation • Pay your bills and other living expenses • Grow your savings account 	✓	✓	✓
Portable: You can take the plan with you if you change jobs or retire	✓	✓	✓



Eligibility and enrollment

Life is full of unexpected events. Complement your health plan with extra protection — and feel more prepared to handle what comes your way. **However, you are not required to be enrolled in a Yahoo health plan to enroll in the supplemental health plans.**

You must be an active full-time employee working a minimum of 20 hours or more per week and **eligible** for health insurance to enroll in the voluntary benefits, but you do not need to be enrolled in the health insurance. This applies to your spouse/domestic partner and dependents as well. You must be in an active status with your employer on the day you apply for coverage and the date your coverage takes effect.

Enrollment changes can only be made during annual enrollment or during a qualifying life event (i.e., divorce, marriage, death, birth, adoption).

For more coverage detail and to enroll, please visit the Benefits tool at www.MyYahooBenefits.com



Accident Protection Plan



Scan to learn more about your Accident Protection Plan.

Help protect yourself from the unexpected cost of an accident

Round out your health plan benefits with the Accident Protection Plan, which may help 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 plan

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	\$100
Initial physician visit	\$100
Total:	\$500

Follow-up care/common injuries	Payment
Diagnostic MRI exam	\$250
Wrist fracture treatment	\$1,200
Surgical ligament tear repair	\$600
Knee immobilizer	\$225
Follow-up physician visit	\$75
Physical therapy sessions (10 total)	\$300
Organized sporting injury benefit	\$669
Total:	\$3,319



Total cash benefit paid to Matt

\$3,819

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



Scan to learn more about Your Critical Illness Protection Plan.

Critical Illness Protection Plan

Get financial support during a serious illness

Experiencing a critical illness can be devastating to you, your family and your finances. The Critical Illness Protection Plan is designed to help 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.

In order to receive the COVID benefit, you must be hospitalized for 1 or more consecutive days.

How Critical Illness Protection works — an example of the \$20,000 benefit

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

Coverage	Payout percentage	Payment
Invasive cancer	100%	\$20,000
Stroke	100%	\$20,000
Total:		\$40,000

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

Total cash benefit paid to Sharon
\$40,000



Scan to learn more about your Hospital Indemnity Plan.

Hospital Indemnity Protection Plan

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 pays a benefit for covered hospital admission, hospital confinement, intensive care unit admission and intensive care unit confinement. You'll get a direct cash payment to use any way you choose — giving you extra financial help so you can focus on feeling better.

How Hospital Indemnity Protection works — an example of the High Option plan

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

Hospital Indemnity Plan	Payment
Hospital admission (day 1)	\$2,000
Hospital confinement (days 2-5)	\$800
Total:	\$2,800

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

Total cash benefit paid to Clark
\$2,800



Wellness benefit

Get screened, earn money

Your UnitedHealthcare supplemental health plan options include a wellness benefit that may put money in your pocket. You could earn up to \$50* — for you and your covered spouse/domestic partner to use any way you'd like — just for completing screenings like blood tests, colonoscopies or stress tests. You and your insured spouse/domestic partner are eligible to receive \$50, for a maximum of \$150 for 3 covered wellness tests annually.

Wellness benefit examples

John enrolled in the Critical Illness and Accident plans. He had a fasting blood glucose test; he will receive a wellness benefit of \$100 (\$50 from each of the plans he was enrolled in).

Joan enrolled in the Accident plan. She had a mammogram; she will receive a wellness benefit of \$50 since she is enrolled in only the Accident plan.

Angela enrolled in all 3 supplemental health plans, she had a colonoscopy, she would receive a wellness benefit of \$150 since she is enrolled in all three plans..

*Check plan documents for details.



Benefit Assist

Being proactive goes a long way

If you are enrolled in a Yahoo health plan and 1 or more of the supplemental health plans, you also receive Benefit Assist. UnitedHealthcare will proactively review medical claims to determine if a supplemental health benefit may be payable. The result is a personalized experience that assists with the claim submission process.

If you are not enrolled in a Yahoo health plan, you can submit your supplemental health claim on your own. See the next section.

Members can also initiate claims

To submit your own supplemental health plan claim, you can visit the member portal at myuhcfc.com or call **1-866-556-8298**.



Scan to learn more about your Benefit Assist.

Bi-monthly rates





Bi-monthly rates

Accident and Hospital Indemnity rates

Coverage is voluntary and must be elected. Bi-monthly rates are shown below:

Accident	Option 1	Option 2
Employee	\$3.57	\$4.99
Employee + spouse/domestic partner	\$5.44	\$7.71
Employee + child(ren)	\$6.47	\$9.53
Family	\$9.81	\$14.46

Hospital Indemnity	Option 1	Option 2
Employee	\$4.48	\$8.33
Employee + spouse/domestic partner	\$9.96	\$18.68
Employee + child(ren)	\$8.99	\$17.35
Family	\$15.47	\$29.69



Bi-monthly rates

Critical Illness

Coverage is voluntary and must be elected. Bi-monthly rates are shown below:

Employee paid

Option 1: EE \$10,000 / SP/DP \$10,000 / CH \$5,000

Bi-monthly premium

Age range	EE only	EE + SP/DP	EE + CH	FAMILY
Under 25	\$1.30	\$2.20	\$1.30	\$2.20
25 – 29	\$1.60	\$2.85	\$1.60	\$2.85
30 – 34	\$1.95	\$3.50	\$1.95	\$3.50
35 – 39	\$2.45	\$4.50	\$2.45	\$4.50
40 – 44	\$3.55	\$6.65	\$3.55	\$6.65
45 – 49	\$5.35	\$9.95	\$5.35	\$9.95
50 – 54	\$7.60	\$13.80	\$7.60	\$13.80
55 – 59	\$9.95	\$18.20	\$9.95	\$18.20
60 – 64	\$14.80	\$25.85	\$14.80	\$25.85
65 – 69	\$20.50	\$35.30	\$20.50	\$35.30
70 – 74	\$28.75	\$46.95	\$28.75	\$46.95
75+	\$36.75	\$61.60	\$36.75	\$61.60

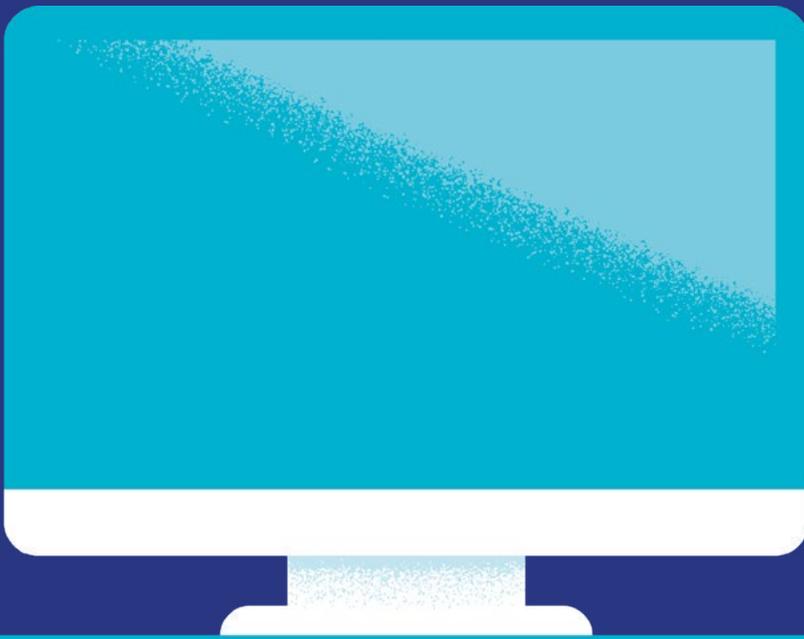
Employee paid

Option 2: EE \$20,000 / SP/DP \$20,000 / CH \$10,000

Bi-monthly premium

Age range	EE only	EE + SP/DP	EE + CH	FAMILY
Under 25	\$2.60	\$4.40	\$2.60	\$4.40
25 – 29	\$3.20	\$5.70	\$3.20	\$5.70
30 – 34	\$3.90	\$7.00	\$3.90	\$7.00
35 – 39	\$4.90	\$9.00	\$4.90	\$9.00
40 – 44	\$7.10	\$13.30	\$7.10	\$13.30
45 – 49	\$10.70	\$19.90	\$10.70	\$19.90
50 – 54	\$15.20	\$27.60	\$15.20	\$27.60
55 – 59	\$19.90	\$36.40	\$19.90	\$36.40
60 – 64	\$29.60	\$51.70	\$29.60	\$51.70
65 – 69	\$41.00	\$70.60	\$41.00	\$70.60
70 – 74	\$57.50	\$93.90	\$57.50	\$93.90
75+	\$73.50	\$123.20	\$73.50	\$123.20

Benefit summaries



Yahoo
Summary of Benefits

Accident Protection Plan

Effective date	Jan. 1, 2025	
Eligibility	All active, full-time employees (working a minimum of 20 hours per week)	
Plan design	24-hour (coverage is for accidents that happen on and off the job.)	
Waiver of premium	Included	
Portability	Included	
Telephonic claim submission	Included	
Plan benefits	Low option	High option
Initial care		
Ground ambulance	\$300	\$400
Air ambulance	\$1,800	\$2,400
Emergency room treatment	\$100	\$200
Physician office/Urgent care (per visit)	\$100	\$200
Hospital care		
- Hospital admission	\$1,000	\$2,000
- Hospital confinement	\$100	\$200
- Hospital ICU admission	\$2,000	\$4,000
- Hospital ICU confinement	\$200	\$400
Follow-up care		
Appliances benefit		
- Wheelchair	\$225	\$300
- Knee scooter	\$225	\$300
- Knee immobilizer	\$225	\$300
- Lumbar spine brace	\$225	\$300
- Walking boot	\$150	\$200
- Walker	\$150	\$200
- Crutches	\$150	\$200
- Leg brace	\$150	\$200
- Cervical collar	\$150	\$200
- Cane	\$75	\$100
- Ankle brace	\$75	\$100
- Ankle boot	\$75	\$100
- Air cast	\$75	\$100
Follow-up physician visit	\$75	\$100
Major diagnostic exam	\$250	\$325
Minor diagnostic exam	\$75	\$100
Prosthetic		
- One device	\$750	\$1,000
- Two or more devices	\$1,500	\$2,000
Rehabilitation facility (per day/up to 30 days)	\$150	\$200
Rehabilitation therapy (per visit/up to 10 visits)	\$30	\$50

continued

Yahoo – Summary of Benefits

Accident Protection Plan

Plan benefits	Low option	High option
Common injuries		
Abdominal/Thoracic surgery		
– Surgery to repair	\$1,500	\$2,000
– Exploratory without repair	\$150	\$200
Cranial surgery	\$300	\$400
Eye surgery		
– Removal of foreign body	\$150	\$200
– Surgical repair	\$300	\$400
Hernia surgery	\$300	\$400
Arthroscopic surgery	\$300	\$400
Non-specific surgery		
– General anesthesia	\$300	\$400
– Conscious sedation	\$150	\$200
Tendon/Ligament/Shoulder cartilage/Rotator cuff/Knee cartilage surgery		
– Surgery to repair 1	\$600	\$800
– Surgery to repair more than 1	\$1,200	\$1,600
– Exploratory without repair	\$200	\$300
Blood/Plasma/Platelets	\$400	\$500
Burns		
– 2nd degree (at least 36% of body surface)	\$750	\$1,000
– 3rd degree (9 to 34 sq. inches)	\$1,500	\$2,000
– 3rd degree (35 or more sq. inches)	\$12,000	\$16,000
		Skin Graft = 25% of burn benefit
Coma	\$15,000	\$20,000
Concussion	\$200	\$300
Lacerations		
– Greater than 15 cm	\$600	\$800
– 5 cm–15 cm	\$300	\$400
– Less than 5 cm	\$75	\$100
– Not requiring sutures	\$45	\$60
Paralysis		
– Quadriplegia	\$15,000	\$20,000
– Hemiplegia	\$7,500	\$10,000
– Paraplegia	\$7,500	\$10,000
Ruptured/Herniated disc	\$600	\$800
Emergency dental work		
– Crown(s)	\$300	\$400
– Extraction(s)	\$150	\$200
Medical supplies/Over-the-counter (1 time/plan year)	\$20	\$30
Family child daycare (per day up to 30 days)	\$45	\$60
Lodging (per day up to 30 days)	\$225	\$300
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$300	\$400

continued

Yahoo – Summary of Benefits

Accident Protection Plan

Plan benefits	Low option	High option
Fractures	Open reduction / Closed reduction	
- Skull (depressed, except bones of face or nose)	\$6,000/\$3,000	\$9,000/\$4,500
- Sternum	\$6,000/\$3,000	\$9,000/\$4,500
- Hip, thigh (femur)	\$6,000/\$3,000	\$9,000/\$4,500
- Skull (simple, except bones of face or nose)	\$3,250/\$1,625	\$5,000/\$2,500
- Leg (from top of tibia to ankle joint)	\$3,250/\$1,625	\$5,000/\$2,500
- Pelvis (excluding coccyx)	\$3,250/\$1,625	\$5,000/\$2,500
- Vertebrae (body of)	\$3,250/\$1,625	\$5,000/\$2,500
- Sacral/Sacrum	\$1,200/\$600	\$1,800/\$900
- Face or nose (except teeth)	\$1,200/\$600	\$1,800/\$900
- Upper arm (elbow to shoulder)	\$1,200/\$600	\$1,800/\$900
- Upper jaw (except alveolar process)	\$1,200/\$600	\$1,800/\$900
- Ankle	\$1,200/\$600	\$1,800/\$900
- Foot (except toes)	\$1,200/\$600	\$1,800/\$900
- Forearm, hand, wrist (except fingers)	\$1,200/\$600	\$1,800/\$900
- Kneecap	\$1,200/\$600	\$1,800/\$900
- Lower jaw (except alveolar process)	\$1,200/\$600	\$1,800/\$900
- Shoulder blade or collarbone	\$1,200/\$600	\$1,800/\$900
- Vertebral process	\$1,200/\$600	\$1,800/\$900
- Coccyx	\$1,000/\$500	\$1,400/\$700
- Finger or toe	\$450/\$225	\$600/\$300
	Chip fractures: 25% of amounts shown for closed reduction	
Dislocations	Open reduction / Closed reduction	
- Hip	\$6,000/\$3,000	\$9,000/\$4,500
- Elbow	\$1,350/\$675	\$1,800/\$900
- Ankle	\$2,250/\$1,125	\$3,000/\$1,500
- Collarbone (sternoclavicular)	\$1,350/\$675	\$1,800/\$900
- Foot (except toes)	\$2,250/\$1,125	\$3,000/\$1,500
- Hand	\$1,350/\$675	\$1,800/\$900
- Kneecap (patella)	\$3,400/\$1,700	\$4,500/\$2,250
- Lower jaw	\$1,350/\$675	\$1,800/\$900
- Shoulder blade	\$1,350/\$675	\$1,800/\$900
- Wrist	\$1,350/\$675	\$1,800/\$900
- Collarbone (acromioclavicular separation)	\$750/\$375	\$1,000/\$500
- Finger or toe	\$750/\$375	\$1,000/\$500
Organized sporting activity injury	Increase amounts payable under follow-up care and common injuries sections by 25%	
Additional benefits – Wellness benefit rider	\$50, employee and insured spouse/domestic partner	

continued

Accident Protection Plan assumptions

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.

Exclusions and limitations

Dependent children are covered to age 26.

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 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
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 a 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.

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Summary of Benefits

Critical Illness Protection Plan

Effective date	Jan. 1, 2025
Eligibility	All active, full-time employees (working a minimum of 20 hours per week)

Base conditions only

Covered conditions	Percentage of maximum benefit amount payable per covered person or dependent
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%
Additional conditions	
Advanced Alzheimer's	100%
Advanced multiple sclerosis	100%
Advanced Parkinson's	100%
Amyotrophic lateral sclerosis (ALS)	100%
Complete blindness	100%
Complete loss of hearing	100%
Coronavirus (with hospitalization)	\$1,000 flat amount

Partial benefits

Addison's disease (adrenal hypofunction)	25%
Amyotrophic lateral sclerosis (Lou Gehrig's Disease)	25%
Cerebral palsy	25%
Cerebrospinal meningitis (bacterial)	25%
Cystic fibrosis	25%
Diphtheria	25%
Encephalitis	25%
Huntington's disease (Huntington's chorea)	25%
Legionnaire's disease	25%
Malaria	25%
Multiple sclerosis (definitive diagnosis)	25%
Muscular dystrophy	25%
Myasthenia gravis	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Poliomyelitis	25%

continued

Yahoo – Summary of Benefits

Critical Illness Protection Plan

Rabies	25%	
Sickle cell anemia (excluding sickle cell trait)	25%	
Systemic lupus erythematosus (SLE)	25%	
Systemic sclerosis (scleroderma)	25%	
Tetanus	25%	
Tuberculosis	25%	
Child-only covered conditions		
Cerebral palsy	25% of Employee's amount	
Cleft lip/palate	25% of Employee's amount	
Cystic fibrosis	25% of Employee's amount	
Down syndrome	25% of Employee's amount	
Muscular dystrophy	25% of Employee's amount	
Spina bifida	25% of Employee's amount	
Benefits payable		
	Employee paid benefits	
Voluntary benefits	\$10,000 benefit	\$20,000 benefit*
Employee guarantee issue benefit	\$10,000	\$20,000
Spouse/domestic partner guarantee issue benefit	\$10,000	\$20,000
Child(ren) guarantee issue benefit	\$5,000	\$10,000
– Employee must purchase coverage in order to purchase dependent coverage		
*If an employee member elects these coverage options for themselves, they may also choose from lower coverage options for spouse/domestic partner and children		
Portability	Included	
Waiver of premium	90-day elimination period	
Reoccurrence 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 6 months, during which time there has been no treatment for that condition.	
Additional occurrence benefit	100% of maximum benefit amount payable per covered employee or dependent for a different covered condition. Diagnosis dates must be separated by at least 90 days.	
Limitations and exclusions		
Pre-existing conditions exclusion	Waived	
Additional benefits		
Wellness benefit rider	\$50 employee and insured spouse/domestic partner	

continued

Critical Illness Protection Plan assumptions

Important details

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

Exclusions and limitations

Dependent children are covered to age 26.

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 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



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](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.

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Summary of Benefits

Hospital Indemnity Protection Plan

Effective date	Jan. 1, 2025	
Eligibility	All active, full-time employees (working a minimum of 20 hours per week)	
Pre-existing conditions exclusion	None	
Portability	Included	
Telephonic claim submission	Included	
Base + enhanced plan benefits	Low option	High option
Hospital admission (up to 3 days/plan year)	\$1,000	\$2,000
Hospital confinement (up to 364 days/plan year)	\$100	\$200
ICU admission (up to 3 days/plan year)	\$1,000	\$2,000
ICU confinement (up to 364 days/plan year)	\$100	\$200
Inpatient drug & alcohol (up to 30 days/plan year)	\$100	\$200
Inpatient mental & nervous disorder (up to 30 days/plan year)	\$100	\$200
Inpatient rehab/therapy (up to 30 days/plan year)	\$100	\$200
Additional benefits		
Wellness benefit rider	\$50 employee and insured spouse/domestic partner	

Hospital Indemnity Protection Plan assumptions

Important details

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

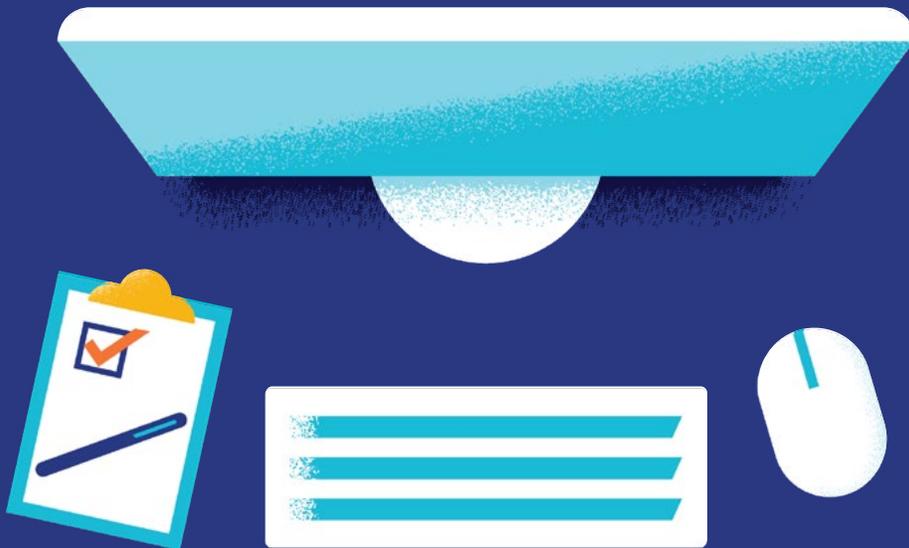
Exclusions and limitations

Dependent children are covered to age 26.

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; this does not apply to the covered mother
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

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 Group ID: **390181** and Group name: **Yahoo**. If you do not have this information, please call Customer Service at **1-866-556-8298**.



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

If you do not have UnitedHealthcare Medical, you can easily file a 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 **1-866-556-8298**. 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, if applicable
- ✓ Details of medical event
- ✓ Physician's name, address and phone number
- ✓ Dates of treatment

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

- ✓ Inform you by phone or letter 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 you are enrolled as a UnitedHealthcare Medical member, no action needed



Actively working to get your benefit payout to you sooner

With a Benefit Assistant in your corner, the claims process is easier

If you're a UnitedHealthcare medical member with a supplemental health plan—like Accident, Critical Illness or Hospital Indemnity—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 and faster. First, a Benefit Assistant will contact you if you may be eligible for a benefit payout. Next, they'll work with you to submit a claim on your behalf. **Here's how Benefit Assist does the heavy lifting for you:**



1. Reviewing

A Benefit Assistant will review your eligible medical claims



2. Supporting

If any of your medical claims may qualify for a benefit payout from your supplemental health plan, you will receive a call*



3. Connecting

You'll be connected with a claims specialist who will help you submit a supplemental health plan claim on your behalf, so you can get your benefit-eligible payout sooner

*Calls may appear on caller ID as WellTok, Unknown or an 888 number.

Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

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

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

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN 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.

توجّه: إذا كنت لا تتحدث بلغة أخرى، فستتاح لك خدمات الترجمة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè 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.

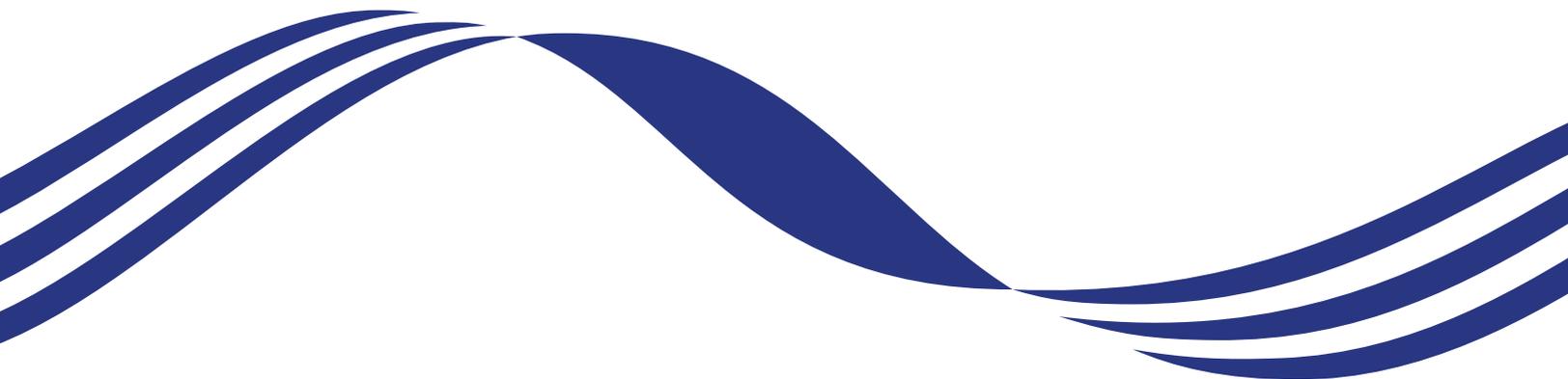
ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

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.

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

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

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.



United
Healthcare

yahoo!

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

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 UH ICI-POL-1 et al., in Texas on UH ICI-POL-1 and in Virginia on UH ICI-POL-1-V A. 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 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.

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.