



Benefits Proposal for City of Round Rock

Issued on: February 28, 2023



**United
Healthcare**

UnitedHealthcare

Company Overview for City of Round Rock

Effective Date: 01/01/2024

Why Choose UnitedHealthcare?

Cost Savings

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

Convenience

The advantages available when purchasing multiple products include:

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

Better Health

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

- For individuals with specific chronic illnesses, our targeted outreach encourages them to receive care that can improve their health and reduce costs.
- For members who file disability claims, case managers help manage their recovery so they can return to health and return to work.

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

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

About UnitedHealth Group®

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

- Seeking to enhance the performance of the health system and improve the overall health and well-being of the people the company serves and their communities;
- Working with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price; and
- Supporting the physician/patient relationship and empowering people with the information, guidance and tools they need to make personal health choices and decisions.

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Hospital Indemnity Protection Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Hospital Indemnity Protection Plan (HIPP)	
Legal Entity	Voluntary UnitedHealthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week
Plan Design	HIPP HSA Plan
Coverage Level	Base + Enhanced
Pre-existing Conditions Exclusion	None
Portability	Included
Maternity	Included without a waiting period
Base + Enhanced Plan Benefits	Option A
Hospital Admission (1 day/plan year)	\$500
Hospital Confinement (up to 364 days/plan year)	\$100
ICU Confinement (up to 364 days/plan year)	\$100
ICU Admission (1 day/plan year)	\$500
Monthly Rates	Option A
Base + Enhanced Plan - Voluntary (Employee Paid)	
Employee Only	\$5.12
With Spouse	\$11.94
With Children	\$10.68
With Spouse & Children	\$18.68
Number of Eligible Employees	986
Employer Contribution- Employee Coverage	0%
Employer Contribution- Spouse Coverage	0%
Employer Contribution- Children Coverage	0%
Participation Requirements- Employee Coverage	Waived
Broker Commissions	Flat 15.0%
Rate Guarantee	36 months
Implementation/Marketing Credit	One time implementation credit up to \$850

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Plan Designs for City of Round Rock

Effective Date: 01/01/2024

Benefits	Payable Descriptions
Base + Enhanced Plan Benefits	
Hospital Admission	1 day per plan year per insured.
Hospital Confinement	Up to 364 days per plan year per insured.
ICU Confinement	Up to 364 days per plan year per insured.
ICU Admission	1 day per plan year per insured.

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Assumptions for City of Round Rock

Effective Date: 01/01/2024

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 15% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Rates may change on renewal in accordance with the terms of the policy.
- Employers assumed primary business is classified as 9111 SIC code.
- Telephonic Claims Support Included.
- Situs state indicated is Texas.

Hospital Indemnity Protection Plan Assumptions

Dependent children are covered to age 26

Quote includes a one-time implementation credit up to \$850. This amount shall not exceed 4.7% of the third month of billed premium following the effective date of this proposal, annualized (3rd month of billed premium x 12). Satisfactory documentation will be required within one year of the effective date for the costs incurred in connection with the transfer or ongoing administrative expenses of the plan(s). Paid premium must be current to receive credit.

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

Exclusions and Limitations

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

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway;
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to:
(a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

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Disclaimers for City of Round Rock

Effective Date: 01/01/2024

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

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

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

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

