



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

- 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.

UnitedHealthcare

Accident Protection Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Accident Protection Plan v2		Custom
Legal Entity	UnitedHealthcare Insurance Company	
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week	
Plan Design	24 Hour	
Waiver of Premium	Included	
Portability	Included	
Telephonic Claim Submission	Included	
Benefits		
Accidental Death & Dismemberment		
Life	\$20,000	
Both hands or both feet	\$20,000	
One hand and one foot	\$20,000	
One hand or one foot	\$10,000	
Two or more fingers or toes	\$4,000	
One finger or one toe	\$2,000	
Accidental Death Common Carrier		
Life	\$80,000	
	(Child benefit 50% of employee/spouse)	
Initial Care		
Ground Ambulance	\$300	
Air Ambulance	\$1,800	
Emergency Room Treatment	\$150	
Physician Office/Urgent Care (per visit)	\$150	
Hospital Care		
Hospital Admission	\$1,200	
Hospital Confinement	\$250	
Hospital ICU Admission	\$2,400	
Hospital ICU Confinement	\$750	
Follow Up Care		
Appliances Benefit		
- Wheelchair	\$225	
- Knee Scooter	\$225	
- Knee Immobilizer	\$225	
- Lumbar Spine Brace	\$225	
- Walking Boot	\$150	
- Walker	\$150	
- Crutches	\$150	
- Leg Brace	\$150	
- Cervical Collar	\$150	
- Cane	\$75	
- Ankle Brace	\$75	
- Ankle Boot	\$75	
- Air Cast	\$75	
Follow up Physician Visit	\$75	
Major Diagnostic Exam	\$250	
Minor Diagnostic Exam	\$75	
Prosthetic		
- One Device	\$750	
- Two or More Devices	\$1,500	
Rehabilitation Facility (per day/Up to 30 days)	\$150	
Rehabilitation Therapy (per visit/up to 10 Visits)	\$30	
Common Injuries		
Abdominal/Thoracic Surgery		
- Surgery to repair	\$1,500	
- Exploratory without repair	\$150	
Cranial Surgery	\$300	
Eye Surgery		
- Removal of foreign body	\$150	
- Surgical Repair	\$300	
Hernia Surgerv	\$300	

UnitedHealthcare

Accident Protection Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Accident Protection Plan v2		Custom
Legal Entity	UnitedHealthcare Insurance Company	
Arthroscopic Surgery		\$300
Non-Specific Surgery		
- General Anesthesia		\$300
- Conscious Sedation		\$150
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery		
- Surgery to repair one		\$600
- Surgery to repair more than one		\$1,200
- Exploratory without repair		\$200
Blood/Plasma/Platelets		\$400
Burns		
- 2nd Degree (at least 36% of body surface)		\$750
- 3rd Degree (9 to 34 sq. inches)		\$1,500
- 3rd Degree (35 or more sq. inches)		\$12,000
	Skin Graft = 25% of burn benefit	
Coma		\$15,000
Concussion		\$200
Lacerations		
- Greater Than 15 cm		\$600
- 5 cm - 15 cm		\$300
- Less Than 5 cm		\$75
- Not Requiring Sutures		\$45
Paralysis		
- Quadriplegia		\$15,000
- Hemiplegia		\$7,500
- Paraplegia		\$7,500
Ruptured / Herniated Disc		\$600
Emergency Dental Work		
- Crown(s)		\$300
- Extraction(s)		\$150
Medical Supplies / Over-the-counter(one time per plan year)		\$20
Family Child Daycare (per day up to 30 days)		\$45
Lodging (per day up to 30 days)		\$225
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)		\$300
Fractures	Open Reduction / Closed Reduction	
- Skull (Depressed, except bones of face or nose)		\$6,000 / \$3,000
- Sternum		\$6,000 / \$3,000
- Hip, Thigh (Femur)		\$6,000 / \$3,000
- Skull (Simple, except bones of face or nose)		\$3,250 / \$1,625
- Leg (from top of tibia to ankle joint)		\$3,250 / \$1,625
- Pelvis (Excluding Coccyx)		\$3,250 / \$1,625
- Vertebrae (body of)		\$3,250 / \$1,625
- Sacral / Sacrum		\$1,200 / \$600
- Face or Nose (except teeth)		\$1,200 / \$600
- Upper Arm (Elbow to Shoulder)		\$1,200 / \$600
- Upper Jaw (except Alveolar process)		\$1,200 / \$600
- Ankle		\$1,200 / \$600
- Foot (except Toes)		\$1,200 / \$600
- Forearm, Hand, Wrist (except Fingers)		\$1,200 / \$600
- Kneecap		\$1,200 / \$600
- Lower Jaw (except Alveolar process)		\$1,200 / \$600
- Shoulder Blade or Collarbone		\$1,200 / \$600
- Vertebral Process		\$1,200 / \$600
- Coccyx		\$1,000 / \$500
- Finger or Toe		\$450 / \$225
	Chip Fractures: 25% of amounts shown for Closed Reduction	
Dislocations	Open Reduction / Closed Reduction	

UnitedHealthcare

Accident Protection Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Accident Protection Plan v2		Custom
Legal Entity	UnitedHealthcare Insurance Company	
- Hip	\$6,000 / \$3,000	
- Elbow	\$1,350 / \$675	
- Ankle	\$2,250 / \$1,125	
- Collar Bone (Sternoclavicular)	\$1,350 / \$675	
- Foot (except toes)	\$2,250 / \$1,125	
- Hand	\$1,350 / \$675	
- Knee Cap (Patella)	\$3,400 / \$1,700	
- Lower Jaw	\$1,350 / \$675	
- Shoulder Blade	\$1,350 / \$675	
- Wrist	\$1,350 / \$675	
- Collerbone (Acromioclavicular separation)	\$750 / \$375	
- Finger or Toe	\$750 / \$375	
Organized Sporting Activity Injury	Increases amounts payable under Follow Up Care and Common Injuries sections by 25%	
Additional Benefits		
Wellness Benefit Rider	\$50, Employee and Insured Spouse	
Quoted Monthly Rates	Voluntary	
Benefits+Rider(s)		
Employee	\$7.94	
Employee + Spouse	\$12.54	
Employee + Child(ren)	\$15.42	
Employee + Spouse + Child(ren)	\$23.72	
Number of Eligible Employees	986	
Employer Contribution- Employee Coverage	0%	
Employer Contribution- Dependent Coverage	0%	
Participation Requirements- Employee Coverage	Waived	
Broker Commissions	Flat 15.0%	
Rate Guarantee (in months)	36	
Implementation/Marketing Credit	One time implementation credit up to \$850	

UnitedHealthcare

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
- Assumed contract situs is Texas.
- 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.
- Employers assumed primary business is classified as 9111 SIC code.
- Rates may change on renewal in accordance with the terms of the policy.

Accident Protection Assumptions

Dependent children are covered to age 26

Quote includes a one-time implementation credit up to \$850. This amount shall not exceed 3.0% 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.

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; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

UnitedHealthcare

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.

