



# **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.

# UnitedHealthcare

## Critical Illness Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Critical Illness Protection Plan																																								
Prospect Name	City of Round Rock																																							
Proposed Effective Date	1/1/2024																																							
Eligibility	All active, full time employees working a minimum of 30 hours per week																																							
Funding Type	Voluntary																																							
Covered Conditions	Base Conditions, Additional Conditions, Child-Only Conditions																																							
Benefits Payable																																								
	Voluntary Benefits																																							
	Option 1																																							
Employee Guarantee Issue	\$20,000																																							
Spouse Guarantee Issue	\$10,000																																							
Child(ren) Guarantee Issue	\$5,000																																							
Employee must purchase coverage in order to purchase dependent coverage.																																								
*If employee elects these coverage options for themselves, they may also choose from lower coverage options for Spouse and Children																																								
Portability	Included at Employer's group rate with age limit of 75.																																							
Telephonic Claim Submission	Included																																							
Reoccurrence Benefit	50% 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																																								
Benefit Reduction	50% benefit reduction at age 70																																							
Coverage Termination	At Retirement																																							
Optional Benefits																																								
Wellness Benefit Rider	\$50																																							
Assumed Enrollment and Rates																																								
Number of Eligible Lives	986																																							
Rating Basis	Attained Age																																							
Rate Type- Employee/Spouse Voluntary Benefit	Age Banded Uni-Tobacco rates per \$1,000																																							
Rate Type-Child(ren) Voluntary Benefit	Composite Rate per \$1,000																																							
Monthly Rate - Employee	<table><tr><th>Age Range</th><th>Uni-Tobacco</th><th></th></tr><tr><td>Under 25</td><td>\$0.21</td><td></td></tr><tr><td>25-29</td><td>\$0.28</td><td></td></tr><tr><td>30-34</td><td>\$0.35</td><td></td></tr><tr><td>35-39</td><td>\$0.48</td><td></td></tr><tr><td>40-44</td><td>\$0.73</td><td></td></tr><tr><td>45-49</td><td>\$1.18</td><td></td></tr><tr><td>50-54</td><td>\$1.67</td><td></td></tr><tr><td>55-59</td><td>\$2.21</td><td></td></tr><tr><td>60-64</td><td>\$2.98</td><td></td></tr><tr><td>65-69</td><td>\$4.22</td><td></td></tr><tr><td>70-74</td><td>\$6.03</td><td></td></tr><tr><td>75+</td><td>\$6.45</td><td></td></tr></table>	Age Range	Uni-Tobacco		Under 25	\$0.21		25-29	\$0.28		30-34	\$0.35		35-39	\$0.48		40-44	\$0.73		45-49	\$1.18		50-54	\$1.67		55-59	\$2.21		60-64	\$2.98		65-69	\$4.22		70-74	\$6.03		75+	\$6.45	
Age Range	Uni-Tobacco																																							
Under 25	\$0.21																																							
25-29	\$0.28																																							
30-34	\$0.35																																							
35-39	\$0.48																																							
40-44	\$0.73																																							
45-49	\$1.18																																							
50-54	\$1.67																																							
55-59	\$2.21																																							
60-64	\$2.98																																							
65-69	\$4.22																																							
70-74	\$6.03																																							
75+	\$6.45																																							
Monthly Rate - Spouse	<table><tr><th>Age Range</th><th>Uni-Tobacco</th><th></th></tr><tr><td>Under 25</td><td>\$0.20</td><td></td></tr><tr><td>25-29</td><td>\$0.27</td><td></td></tr><tr><td>30-34</td><td>\$0.35</td><td></td></tr><tr><td>35-39</td><td>\$0.47</td><td></td></tr><tr><td>40-44</td><td>\$0.70</td><td></td></tr><tr><td>45-49</td><td>\$1.03</td><td></td></tr><tr><td>50-54</td><td>\$1.42</td><td></td></tr><tr><td>55-59</td><td>\$1.90</td><td></td></tr><tr><td>60-64</td><td>\$2.89</td><td></td></tr><tr><td>65-69</td><td>\$3.79</td><td></td></tr><tr><td>70-74</td><td>\$4.60</td><td></td></tr><tr><td>75+</td><td>\$7.30</td><td></td></tr></table>	Age Range	Uni-Tobacco		Under 25	\$0.20		25-29	\$0.27		30-34	\$0.35		35-39	\$0.47		40-44	\$0.70		45-49	\$1.03		50-54	\$1.42		55-59	\$1.90		60-64	\$2.89		65-69	\$3.79		70-74	\$4.60		75+	\$7.30	
Age Range	Uni-Tobacco																																							
Under 25	\$0.20																																							
25-29	\$0.27																																							
30-34	\$0.35																																							
35-39	\$0.47																																							
40-44	\$0.70																																							
45-49	\$1.03																																							
50-54	\$1.42																																							
55-59	\$1.90																																							
60-64	\$2.89																																							
65-69	\$3.79																																							
70-74	\$4.60																																							
75+	\$7.30																																							
Monthly Rate - Child(ren)	<table><tr><td></td><td>\$0.13</td><td></td></tr></table>		\$0.13																																					
	\$0.13																																							
Employer Contribution-Employee	0%																																							
Participation Requirements	Waived																																							
Broker Commissions	Flat 15.0%																																							
Rates Guaranteed For	36 months																																							
Implementation/Marketing Credit	One time implementation credit up to \$850																																							

UnitedHealthcare

Proposed Critical Illness Plan Monthly Premium for City of Round Rock

Effective Date: 01/01/2024

Voluntary Offer

Employee Paid Monthly Premium	Option 1: EE \$20,000 / SP \$10,000 / CH \$5,000							
	EE Only		EE + SP		EE + CH		EE + SP + CH	
Age Range	Uni-Tobacco		Uni-Tobacco		Uni-Tobacco		Uni-Tobacco	
Under 25	\$4.20		\$6.20		\$4.85		\$6.85	
25-29	\$5.60		\$8.30		\$6.25		\$8.95	
30-34	\$7.00		\$10.50		\$7.65		\$11.15	
35-39	\$9.60		\$14.30		\$10.25		\$14.95	
40-44	\$14.60		\$21.60		\$15.25		\$22.25	
45-49	\$23.60		\$33.90		\$24.25		\$34.55	
50-54	\$33.40		\$47.60		\$34.05		\$48.25	
55-59	\$44.20		\$63.20		\$44.85		\$63.85	
60-64	\$59.60		\$88.50		\$60.25		\$89.15	
65-69	\$84.40		\$122.30		\$85.05		\$122.95	
70-74*	\$60.30		\$83.30		\$60.95		\$83.95	
75+*	\$64.50		\$101.00		\$65.15		\$101.65	

\* 50% of benefits reduction is applied for age 70+

# UnitedHealthcare

## Proposed Critical Illness Plan Designs for City of Round Rock

Effective Date: 01/01/2024

### Base + Additional + Child-Only Conditions

Base Covered Conditions	% of Maximum Benefit Amount Payable per Insured
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 Covered Conditions	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
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

# UnitedHealthcare

## Critical Illness Plan Assumptions for City of Round Rock

Effective Date: 01/01/2024

### General Assumptions

- UnitedHealthcare reserves 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 increase on renewal in accordance with the terms of the policy.

### Critical Illness 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 2.2% 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.

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; or
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.

# UnitedHealthcare

## Critical Illness Plan 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, other than is necessary to evaluate this proposal.

