UnitedHealthcare

Ritalka, Inc.
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 01/01/2025

Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.

The Accident Protection Plan helps protect employees from costly expenses associated with an accident. All benefits are paid directly to the insured and can be used towards any expense.

Your Accident Protection Plan highlights:

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Benefits Payable*	Maximum Amount Payable per Insured		
**All Benefits are payable once per covered accident unless otherwise noted*			
Accidental Death & Dismemberment (Spouse Benefit is 100% of EE; Child benefit 50% of EE)			
Death & Dismemberment			
- Life	$20,000	$30,000	$50,000
- Both hands or both feet	$20,000	$30,000	$50,000
- One hand and one foot	$20,000	$30,000	$50,000
- One hand or one foot	$10,000	$15,000	$25,000
- Two or more fingers or toes	$4,000	$6,000	$10,000
- One finger or one toe	$2,000	$3,000	$5,000
Common Carrier			
- Life	$80,000	$120,000	$200,000
Initial Care			
Ground Ambulance	$200	$300	$400
Air Ambulance	$1,200	$1,800	$2,400
Emergency Room Treatment	$100	$150	$200
Physician Office/Urgent Care *(1 per covered accident)*	$100	$150	$200
Hospital Care			
Hospital Admission *(1 per covered accident)*	$1,000	$1,200	$1,500
Hospital Confinement *(up to 365 days per year)*	$175	$250	$325
Hospital ICU Admission *(1 per covered accident)*	$2,000	$2,400	$3,000
Hospital ICU Confinement *(up to 30 days per year)*	$500	$750	$1,000
Follow Up Care			
Appliances Benefit			
- Wheelchair	$150	$225	$300
- Knee Scooter	$150	$225	$300
- Knee Immobilizer	$150	$225	$300

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- Lumbar Spine Brace	$150	$225	$300
- Walking Boot	$100	$150	$200
- Walker	$100	$150	$200
- Crutches	$100	$150	$200
- Leg Brace	$100	$150	$200
- Cervical Collar	$100	$150	$200
- Cane	$50	$75	$100
- Ankle Brace	$50	$75	$100
- Ankle Boot	$50	$75	$100
- Air Cast	$50	$75	$100
Follow up Physician Visit *(5 per covered accident)*	$50	$75	$100
Major Diagnostic Exam *(1 per plan year)*			
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	$175	$250	$325
Minor Diagnostic Exam *(1 per plan year)*			
- X-ray; or a laboratory test	$50	$75	$100
Prosthetic			
- One Device	$500	$750	$1,000
- Two or More Devices	$1,000	$1,500	$2,000
Rehabilitation Facility *(per day up to 30 days)*	$100	$150	$200
Rehabilitation Therapy *(per visit up to 10 Visits)*	$25	$30	$50
Common Injuries			
Abdominal/Thoracic Surgery			
- Surgery to repair	$1,000	$1,500	$2,000
- Exploratory without repair	$100	$150	$200
Arthroscopic Surgery	$200	$300	$400
Cranial Surgery	$200	$300	$400
Eye Surgery			
- Removal of foreign body	$100	$150	$200
- Surgical Repair	$200	$300	$400
Hernia Surgery	$200	$300	$400
Non-Specific Surgery			
- General Anesthesia	$200	$300	$400
- Conscious Sedation	$100	$150	$200
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery			
- Surgery to repair one	$400	$600	$800
- Surgery to repair more than one	$800	$1,200	$1,600
- Exploratory without	$150	$225	$300

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repair			
Blood/Plasma/Platelets	$300	$400	$500
Burns			
- 2nd Degree (at least 36% of body surface)	$500	$750	$1,000
- 3rd Degree (9 to 34 sq. inches)	$1,000	$1,500	$2,000
- 3rd Degree (35 or more sq. inches)	$8,000	$12,000	$16,000
- Skin Graft pays 25% of burn benefit			
Coma	$10,000	$15,000	$20,000
Concussion	$150	$200	$300
Dislocations	**Surgically Corrected/Non-Surgically Corrected**		
- Hip	$4,500 / $2,250	$6,000 / $3,000	$9,000 / $4,500
- Knee Cap (Patella)	$2,250 / $1,125	$3,000 / $1,500	$4,500 / $2,250
- Ankle	$1,500 / $750	$2,000 / $1,000	$3,000 / $1,500
- Foot (except toes)	$1,500 / $750	$2,000 / $1,000	$3,000 / $1,500
- Elbow	$900 / $450	$1,200 / $600	$1,800 / $900
- Collar Bone (Sternoclavicular)	$900 / $450	$1,200 / $600	$1,800 / $900
- Hand	$900 / $450	$1,200 / $600	$1,800 / $900
- Lower Jaw	$900 / $450	$1,200 / $600	$1,800 / $900
- Shoulder Blade	$900 / $450	$1,200 / $600	$1,800 / $900
- Wrist	$900 / $450	$1,200 / $600	$1,800 / $900
- Collar Bone (Acromioclavicular separation)	$500 / $250	$665 / $335	$1,000 / $500
- Finger	$500 / $250	$665 / $335	$1,000 / $500
- Toe	$500 / $250	$665 / $335	$1,000 / $500
Emergency Dental Work			
- Crown(s)	$200	$300	$400
- Extraction(s)	$100	$150	$200
Family Child Daycare	$30	$45	$60
- per day up to 30 days per covered accident			
Fractures	**Surgically Corrected/Non-Surgically Corrected**		
	Chip Fractures: 25% of the Surgically Corrected Amount		
- Skull (Depressed, except bones of face or nose)	$4,500 / $2,250	$6,000 / $3,000	$9,000 / $4,500
- Sternum	$4,500 / $2,250	$6,000 / $3,000	$9,000 / $4,500
- Hip, Thigh (Femur)	$4,500 / $2,250	$6,000 / $3,000	$9,000 / $4,500
- Skull (Simple, except bones of face or nose)	$2,500 / $1,250	$3,335 / $1,665	$5,000 / $2,500
- Leg (from top of tibia to ankle joint)	$2,500 / $1,250	$3,335 / $1,665	$5,000 / $2,500
- Pelvis (Excluding Coccyx)	$2,500 / $1,250	$3,335 / $1,665	$5,000 / $2,500

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- Vertebrae (body of)	$2,500 / $1,250	$3,335 / $1,665	$5,000 / $2,500
- Sacral Sacrum	$900 / $450	$1,200 / $600	$1,800 / $900
- Face or Nose (except teeth)	$900 / $450	$1,200 / $600	$1,800 / $900
- Upper Arm (Elbow to Shoulder)	$900 / $450	$1,200 / $600	$1,800 / $900
- Upper Jaw (except Alveolar process)	$900 / $450	$1,200 / $600	$1,800 / $900
- Ankle	$900 / $450	$1,200 / $600	$1,800 / $900
- Foot (except Toes)	$900 / $450	$1,200 / $600	$1,800 / $900
- Forearm, Hand, Wrist (except Fingers)	$900 / $450	$1,200 / $600	$1,800 / $900
- Kneecap	$900 / $450	$1,200 / $600	$1,800 / $900
- Lower Jaw (except Alveolar process)	$900 / $450	$1,200 / $600	$1,800 / $900
- Shoulder Blade or Collarbone	$900 / $450	$1,200 / $600	$1,800 / $900
- Vertebral Process	$900 / $450	$1,200 / $600	$1,800 / $900
- Coccyx	$700 / $350	$935 / $465	$1,400 / $700
- Finger or Toe	$300 / $150	$400 / $200	$600 / $300
Lacerations			
- Greater Than 15 cm	$30	$45	$60
- 5 cm - 15 cm	$50	$75	$100
- Less Than 5 cm	$200	$300	$400
- Not Requiring Sutures	$400	$600	$800
Lodging	$150	$225	$300
- per day up to 30 days per covered accident for treatment more than 100 miles away			
Medical Supplies	$10	$20	$30
- Over-the-counter (1 time per plan year)			
Paralysis			
- Hemiplegia	$5,000	$7,500	$10,000
- Paraplegia	$5,000	$7,500	$10,000
- Quadriplegia	$10,000	$15,000	$20,000
Ruptured / Herniated Disc	$400	$600	$800
Transportation			
- 3 trips per covered accident for treatment more than 100 miles away	$200	$300	$400
Organized Sporting Activity Injury			
Payable for all covered persons	Increases Follow Up Care and Common Injuries benefits by 25%		
Plan Provisions			
Portability	Included		

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Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur while coverage is in force.
Who pays for my coverage?	Your employer has made coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

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Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This 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.

If you need to file a claim:

- Contact the employer.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to **fpcustomersupport@uhc.com**.

Exclusions and Limitations*

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. any intentional self-inflicted Injury or any attempt of 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 narcotics unless administered on the advice of a Physician
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 an organized 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.

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

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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Accident Protection Plan Cost Summary

Semi-Monthly Rates	Voluntary		
Quoted Rates - Per Employee Per Pay Period (24)	Option A	Option B	Option C
Employee Only	$2.23	$3.15	$4.38
Employee & Spouse	$3.55	$5.02	$6.98
Employee & Children	$4.81	$6.81	$9.43
Employee & Spouse & Children	$7.30	$10.35	$14.32

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.

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