

UNIVERSITY
OF
CALIFORNIA

Supplemental Health Plans



2022

Financial Protection for the Unexpected

Designed just for UC employees, three supplemental health insurance plans help to provide a financial safety net for the unexpected.

These plans offer flexible financial assistance that complements the protection of your UC medical and disability coverage. When you have a covered accident, illness or hospitalization, these plans pay a cash benefit directly to you¹—not to a doctor or hospital. The cash benefit is yours to spend any way you like.

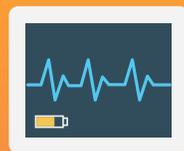
It's protection that takes the worry out of covering things like unpaid medical expenses, such as deductibles, copays/coinsurance or other household and living expenses, so you can focus on recovering, not on finances.



Accident

Ease the Pain of Unexpected Expenses

Your child gets hurt playing soccer. You're painting the kitchen and the ladder slips. If you receive medical treatment for a covered accident, you get a check to help cover expenses.



Critical Illness

Serious Illness Can Mean Serious Costs

Cancer, heart attack, stroke, coronavirus. When a covered critical illness strikes, this plan sends a lump-sum payment directly to you. Plus, get paid for getting a yearly preventive health screening or mammogram.



Hospital Indemnity

Hospital Stays Can Catch You by Surprise

Some hospital stays are planned. Others catch you by surprise. This plan pays a predetermined dollar amount directly to you when you're admitted to the hospital, and pays a daily benefit for up to 31 days.

See footnote on page 17.

How the Plans Work

The plans are administered by Aflac. In the event of medical treatment for a covered accident, covered illness or hospitalization, you file a claim and get a check from Aflac. The cash benefit is paid directly to you—in addition to what your insurance plans pay.

You Choose How to Use Your Cash Benefit

For medical expenses not covered by your health insurance

Everyday living expenses—like rent, mortgage or car payments

Home health care; child, elder and pet care

Housekeeping

Meal preparation and/or delivery

Transportation to doctor and therapy appointments

What Have You Got to Save?

If you've considered moving to a lower-cost medical plan but worry about the potential increase in out-of-pocket costs in the event of a covered accident, critical illness, or hospital stay, supplemental health insurance might be your answer.

Consider all your benefit options and costs—both the premium you pay for coverage and what you pay when you get care. A combination of a supplemental health insurance plan plus a lower-premium medical plan could save you money while helping to provide financial protection for a worst-case scenario.

Reduce the Worry About 'What If?'

Go to ucplus.com to learn more about how a supplemental health insurance plan can complement your medical coverage.

Custom Plans. Group Rates. Guaranteed Coverage.

UC is partnering with Aflac to offer group coverage designed especially for UC employees at group prices. You pay the full cost of any coverage you choose through convenient payroll deductions. Your premiums are paid with after-tax dollars, which means you generally don't pay taxes on any benefit payments you receive from the plan(s). And enrollment is guaranteed.

Learn More

For a full list of coverage and benefits, go to ucplus.com.

Accident

What You Pay

COVERAGE FOR	MONTHLY RATE
Yourself only	\$9.67
You and your spouse	\$15.86
You and dependent children	\$19.85
Your family	\$26.04

What's Covered

Examples of common accident-related services and benefits:

SERVICES	BENEFIT AMOUNT
Emergency room and urgent care visit with X-ray	\$350 per accident
Ground ambulance	\$400 per trip
Physical therapy, chiropractic, and alternative therapy ²	\$50 per visit
Accident physician follow-up visit ³	\$75 per visit
Leg braces, crutches, etc.	\$100 per appliance
Inpatient surgery and anesthesia ⁴	\$1,500
Treatment for fractures	Up to \$9,500
Treatment for dislocations	Up to \$8,000
Treatment for burns ⁵	\$100 to \$20,000
Hospital admission and confinement ⁶	\$1,000 per confinement + \$200 per day

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance on ucplus.com.

See page 8 for a full list of benefits and coverage amounts. See footnotes on page 17.

Critical Illness

There are two coverage options: \$10,000 and \$30,000. The plan pays benefits at 50% or 100% of your coverage level.

What's Covered

Examples of covered illnesses and benefits:

SERVICES	BENEFIT AMOUNT
<ul style="list-style-type: none"> • Cancer • Heart attack or sudden cardiac arrest • Stroke • Kidney failure • Severe burn • Benign brain tumor • Limited benefit major organ transplant • Bone marrow transplant 	100% of coverage amount
<ul style="list-style-type: none"> • Coronary artery bypass surgery • Non-invasive cancer • Advanced Alzheimer's or Parkinson's disease 	50% of coverage amount
Annual preventive health screening exam ⁷	\$100 per calendar year
Mammography benefit ⁷	\$200 per calendar year
Coronavirus-related hospitalization of four or more days	\$1,000–\$7,500 varies based on coverage level and length of hospital stay

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance on ucplus.com.

See page 14 for a full list of benefits and coverage amounts. See footnotes on page 17.

What You Pay

Rates are based on age. Monthly costs shown are for one adult. Rates for you and your spouse may differ depending on your ages. Coverage for eligible children is free when you enroll.

AGE	MONTHLY RATE	
	\$10,000 Coverage Option	\$30,000 Coverage Option
18–25	\$4.87	\$9.46
26–30	\$5.84	\$12.35
31–35	\$6.51	\$14.37
36–40	\$8.01	\$18.86
41–45	\$9.66	\$23.81
46–50	\$10.19	\$25.41
51–55	\$16.86	\$45.43
56–60	\$15.91	\$42.57
61–65	\$26.17	\$73.34
66+	\$54.36	\$157.93

Hospital Indemnity

What You Pay

COVERAGE FOR	MONTHLY RATE
Yourself only	\$16.19
You and your spouse	\$32.52
You and dependent children	\$26.17
Your family	\$42.50

What's Covered

Examples of common hospital-related services and benefits:

SERVICES	BENEFIT AMOUNT
Hospital admission	\$1,000 ⁸
Hospital confinement	+ \$200 ⁹ per day
Hospital intensive care	+ \$200 ¹⁰ per day
Mammography benefit	+ \$100 per calendar year

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance on ucplus.com.

See page 16 for a full list of benefits and coverage amounts.
See footnotes on page 17.

How to Enroll

Go to ucplus.com to learn more and enroll with Aflac. If you have questions or need help enrolling, call the UC Plus Customer Service Team toll-free at **(888) 212-7201**, available Monday through Friday, 6 a.m. to 5 p.m. Pacific, excluding holidays.

You can enroll or make changes only as a new hire, during the annual Open Enrollment period or when you have a qualified life event (e.g., you get married or divorced, start or end a domestic partnership, add a new child to your family). For these events, you have 31 days from the date of the event to make changes to your existing coverage.

Filing Claims

When you have a covered accident, illness or hospitalization, you file a claim with Aflac—either electronically or by paper. Keep all bills and paperwork, as you may need them to file claims. Your treating doctor may also need to fill out some paperwork.

The UC Plus Customer Service Team is here to help you file and manage claims. Call toll-free at **(888) 212-7201**.

Protection for You and Your Family

You can cover yourself and your eligible dependents.

UC Plus

Group Accident Plan



COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
<p>Initial Treatment¹¹ Once per accident, within 168 hours after the accident, not payable for telemedicine services. Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
<ul style="list-style-type: none"> Hospital emergency room 	<p>\$350 with X-ray \$150 without X-ray</p>
<ul style="list-style-type: none"> Urgent care facility 	<p>\$350 with X-ray \$150 without X-ray</p>
<ul style="list-style-type: none"> Doctor's office or facility (other than a hospital emergency room or urgent care) 	<p>\$275 with X-ray \$75 without X-ray</p>
<p>Ambulance¹¹ Within 90 days after the accident. Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$400 ground ambulance \$1,500 air ambulance</p>
<p>Major Diagnostic Testing¹¹ Once per accident, within six months after the accident. Payable when an insured requires one of the following exams: computerized tomography (CT/CAT scan), magnetic resonance imaging (MRI), or electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	<p>\$300</p>
<p>Blood Plasma and Platelets¹¹ Once per accident, within six months after the accident. Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	<p>\$400</p>
<p>Pain Management¹¹ Once per accident, within six months after the accident. Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	<p>\$100</p>
<p>Concussion¹¹ Once per accident, within six months after the accident. Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	<p>\$300</p>
<p>Coma¹¹ Once per accident. Payable when an insured is in a coma lasting 14 days or more as the result of a covered accident. For the purposes of this benefit, <i>coma</i> means a profound state of unconsciousness caused by a covered accident.</p>	<p>\$10,000</p>
<p>Emergency Dental Work¹¹ Once per accident, within six months after the accident. Payable when an insured's natural teeth are injured as a result of a covered accident.</p>	<p>\$100 for extraction \$300 repair with a crown</p>
<p>Eye Injuries Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.</p>	<p>\$300</p>

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
<p>Lacerations</p> <p>Once per accident, within 168 hours after the accident. Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, the plan will pay a maximum of 200% of the benefit for the largest single laceration.</p>		
<ul style="list-style-type: none"> • Lacerations requiring stitches, including liquid skin adhesive 		
<ul style="list-style-type: none"> - Over 15 centimeters 		\$600
<ul style="list-style-type: none"> - 5-15 centimeters 		\$300
<ul style="list-style-type: none"> - Under 5 centimeters 		\$75
<ul style="list-style-type: none"> • Lacerations not requiring stitches 		\$25
<p>Burns¹¹</p> <p>Once per accident, within six months after the accident. Payable when an insured is burned in a covered accident and is treated by a doctor. The plan will pay according to the percentage of the body surface burned. First-degree burns are not covered.</p>		
<ul style="list-style-type: none"> • Second-degree burns 		
<ul style="list-style-type: none"> - Less than 10% 		\$100
<ul style="list-style-type: none"> - At least 10% but less than 25% 		\$200
<ul style="list-style-type: none"> - At least 25% but less than 35% 		\$500
<ul style="list-style-type: none"> - 35% or more 		\$1,000
<ul style="list-style-type: none"> • Third-degree burns 		
<ul style="list-style-type: none"> - Less than 10% 		\$1,000
<ul style="list-style-type: none"> - At least 10% but less than 25% 		\$5,000
<ul style="list-style-type: none"> - At least 25% but less than 35% 		\$10,000
<ul style="list-style-type: none"> - 35% or more 		\$20,000
<p>Fractures</p> <p>Once per accident, within 90 days after the accident. Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), the plan will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), the plan will pay 25% of the amount for the affected bone. The benefit is not payable for stress fractures.</p>		
<p>Employee/Spouse/Child</p>	Open Reduction¹²	Closed Reduction¹²
<ul style="list-style-type: none"> • Hip/Thigh 	\$9,500	\$4,750
<ul style="list-style-type: none"> • Vertebrae (except processes) 	\$8,550	\$4,275
<ul style="list-style-type: none"> • Pelvis 	\$7,600	\$3,800

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
	Open Reduction ¹²	Closed Reduction ¹²
Fractures continued:		
• Skull (depressed)	\$7,125	\$3,562.50
• Leg	\$5,700	\$2,850
• Forearm/Hand/Wrist	\$4,750	\$2,375
• Foot/Ankle/Kneecap	\$4,750	\$2,375
• Shoulder Blade/Collar Bone	\$3,800	\$1,900
• Lower Jaw (mandible)	\$3,800	\$1,900
• Skull (simple)	\$3,325	\$1,662.50
• Upper Arm/Upper Jaw	\$3,325	\$1,662.50
• Facial Bones (except teeth)	\$2,850	\$1,425
• Vertebral Processes	\$1,900	\$950
• Coccyx/Rib/Finger/Toe	\$760	\$380
• Sternum	\$8,550	\$4,275
• Sacral/Sacrum	\$1,900	\$950
Dislocations Once per accident, within 90 days after the accident. Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. The plan will pay benefits only for the first dislocation of a joint. The plan will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of their certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), the plan will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), the plan will pay 25% of the amount for the affected joint.	Open Reduction¹²	Closed Reduction¹²
• Hip	\$8,000	\$4,000
• Knee (not kneecap)	\$5,200	\$2,600
• Shoulder	\$4,000	\$2,000
• Foot/Ankle	\$3,200	\$1,600
• Hand	\$2,800	\$1,400
• Lower Jaw	\$2,400	\$1,200
• Wrist	\$2,000	\$1,000
• Elbow	\$1,600	\$800
• Finger/Toe	\$640	\$320
Facilities Fee for Outpatient Surgery Surgery performed in hospital or ambulatory surgical center, within one year after the accident. Payable once per each eligible outpatient surgery and anesthesia benefit (in a hospital or ambulatory surgical center). This benefit is payable in addition to the surgery benefit.	\$300	

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
<p>Outpatient Surgery and Anesthesia¹¹ Per day/maximum of one procedure per accident/within one year of the accident. Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility, emergency room, hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, the plan will pay the higher benefit amount.</p>	<p>\$50 doctor's office/urgent care facility/emergency room \$400 hospital/ambulatory surgical center</p>
<p>Inpatient Surgery and Anesthesia¹¹ Per day/maximum of one procedure per accident/within one year after the accident. Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, the plan will pay the higher benefit amount.</p>	<p>\$1,500</p>
<p>Transportation Benefits¹¹ Greater than 100 miles from the insured's residence, three times per accident, within six months after the accident. Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	<p>\$500 plane \$200 any ground transportation</p>
<p>Successor Insured Benefit If spouse coverage is in force at the time of the employee's death, the surviving spouse can elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

Surgical procedures may include, but are not limited to, surgical repair of ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTERCARE BENEFITS	BENEFIT AMOUNT
<p>Appliances Within six months after the accident. Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion: cane, ankle brace, walking boot, walker, crutches, leg brace, cervical collar, wheelchair, knee scooter, body jacket, back brace.</p>	<p>\$100</p>
<p>Accident Follow-Up Treatment¹¹ Maximum of two per accident, within six months after the accident, provided initial treatment is within 168 hours of the accident. Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic and acupuncture procedures are also not considered follow-up treatment.</p>	<p>\$75</p>
<p>Rehabilitation Unit Maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured. Payable for each day that, due to a covered accidental injury, an insured received treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient confinement. The plan will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. The plan will pay the highest eligible benefit.</p>	<p>\$100 per day</p>
<p>Therapy¹¹ Maximum of 10 per accident, beginning within 90 days after the accident, provided initial treatment is within 168 hours after the accident. Payable if, because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	<p>\$50</p>
<p>Chiropractic or Alternative Therapy¹¹ Maximum of three per accident, beginning within 90 days after the accident, provided initial treatment is within 168 hours after the accident. Payable if, because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	<p>\$50</p>

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p>Hospital Admission¹ Once per accident, within six months after the accident. Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	\$1,000 per confinement
<p>Hospital Confinement Maximum of 365 days per accident, within six months after the accident. Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If the plan pays benefits for confinement and the insured is confined again within six months because of the same accidental injury, the plan will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	\$200 per day
<p>Hospital Intensive Care Maximum of 15 days per accident, within six months after the accident. Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. The plan will pay benefits for only one confinement in a hospital intensive care unit at a time even if caused by more than one covered accidental injury. If the plan pays benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within six months because of the same accidental injury, the plan will treat this confinement as the same period of confinement. This benefit is payable in addition to the hospital confinement benefit (see above).</p>	\$500 per day
<p>Family Member Lodging Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within six months after the accident. Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	\$150 per day

LIFE CHANGING EVENT BENEFITS	BENEFIT AMOUNT
<p>Paralysis Once per accident, diagnosed by a doctor within six months after the accident. Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.</p>	
<ul style="list-style-type: none"> • Paraplegia 	\$5,000
<ul style="list-style-type: none"> • Quadriplegia 	\$10,000
<p>Prosthesis Once per accident, up to two prosthetic devices and one replacement per device per insured. Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. <i>Prosthetic device/prosthesis</i> means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, dental aids (to include false teeth), or repair or replacement of prosthetic devices and/or joint replacements. The plan will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$1,000
<p>Residence/Vehicle Modification Once per accident, within one year after the accident. Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following due to an accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. 	\$1,000

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Accidental Injury Insurance Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Accidental Injury Insurance Policy, the Group Accidental Injury Insurance Policy will prevail.

INITIAL ACCIDENT EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

The plan will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (The plan will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (The plan will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Sickness – having any disease or bodily/mental illness or degenerative process. The plan also will not pay benefits for:
 - Allergic reactions;
 - Any bacterial, viral or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings;
 - An error, mishap or malpractice during medical, diagnostic or surgical treatment or procedure for any sickness; or
 - Any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in an illegal occupation or job.
 - In California: voluntarily participating in, committing or attempting to commit a felony, or voluntarily working at or being engaged in an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
 - In California: participating in any organized sport in a professional capacity for pay or profit.
 - Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of a covered accident.
 - In California: having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident), or having dental treatment except as a result of a covered accident.
- 24-Hour Coverage – The following exclusions will not apply:
 - An injury arising from any employment; or
 - An injury or sickness covered by workers’ compensation.

UC Plus Group Critical Illness Plan



COVERED CRITICAL ILLNESS BENEFIT	BENEFIT AMOUNT Paid as a percentage of coverage amount elected (\$10,000 or \$30,000)
Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Limited Benefit Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a limited benefit major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Severe Burn ¹³	100%
Limited Benefit Paralysis ¹⁴	100%
Limited Benefit Coma ¹⁴	100%
Limited Benefit Loss of Speech/Sight/Hearing ¹⁴	100%
Coronary Artery Bypass Surgery	50%
Non-Invasive Cancer	50%
Limited Benefit Benign Brain Tumor	100%
Advanced Alzheimer's Disease	50%
Advanced Parkinson's Disease	50%
Human Coronavirus <ul style="list-style-type: none"> • Requiring hospitalization of 4 to 9 days • Requiring hospitalization of 10 or more days 	<ul style="list-style-type: none"> • 10% • 25%
Childhood Conditions	
Cystic Fibrosis	100%
Cerebral Palsy	100%
Cleft Lip or Cleft Palate	100%
Down Syndrome	100%
Phenylalanine Hydroxylase Deficiency Disease (PKU)	100%
Spina Bifida	100%
Type 1 Diabetes	100%
Autism Spectrum Disorder (ASD)	\$3,000 One-time benefit

<p>Initial Diagnosis</p> <p>The plan will pay a lump-sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.</p>
<p>Additional Diagnosis</p> <p>The plan will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least one month. Cancer diagnoses are subject to the cancer diagnosis limitation.</p>
<p>Reoccurrence</p> <p>The plan will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least six consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.</p>
<p>Cancer Diagnosis & Recurrence</p> <p>The plan will pay benefits for a recurrence or new diagnosis of cancer only if the insured is (1) treatment-free from cancer for at least 12 months before the diagnosis date, and (2) in complete remission prior to the date of the subsequent diagnosis.</p>
<p>Child Coverage at No Additional Cost</p> <p>Each dependent child is covered at 50% of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.</p>
<p>Skin Cancer Benefit</p> <p>The plan will pay \$250 for the diagnosis of skin cancer. It will pay this benefit once per calendar year.</p>
<p>Mammography Benefit</p> <p>The plan will pay \$200 for mammography tests performed while an insured's coverage is in force. This benefit is payable as follows:</p> <ul style="list-style-type: none"> • A baseline mammogram for women ages 35 to 39, inclusive. • A mammogram for women ages 40 to 49, inclusive, every two years or more frequently based on the women's physicians' recommendations. • A mammogram every year for women ages 50 and over. <p>Payment of this benefit will not reduce the face amount of the certificate. This benefit is payable once per calendar year.</p>
<p>Successor Insured Benefit</p> <p>If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.</p>
<p>Health Screening Benefit</p> <p>The plan will pay \$100 for health screening tests performed while an insured's coverage is in force. This benefit is payable once per calendar year.</p> <p>This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.</p>

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Critical Illness Insurance Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Critical Illness Insurance Policy, the Group Critical Illness Insurance Policy will prevail.

LIMITATIONS AND EXCLUSIONS

The plan is age-banded. That means your rates may increase on the policy anniversary date.

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological and biochemical proof of the presence of the cancer.

The plan will not pay for loss due to:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
- Suicide – committing or attempting to commit suicide, while sane or insane;

- Illegal Occupation – committing or attempting to commit a felony, or being engaged in an illegal occupation;
- Participation in Aggressive Conflict of any kind, including:
 - War (declared or undeclared) or military conflicts;
 - Insurrection or riot.
- Intoxicants and controlled substances: loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.

Diagnosis, treatment, testing and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

HOSPITAL BENEFIT	BENEFIT AMOUNT
<p>Hospital Admission Benefit</p> <p>Once per covered sickness or accident per calendar year for each insured. Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. The plan will not pay benefits for confinement to an observation unit or for emergency room treatment or outpatient treatment. The plan will only pay this benefit if proof of loss is received documenting the admission. Following birth, newborns are not generally admitted into the hospital, but we will pay all applicable benefits for newborns for loss due to a covered accidental injury or a covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<p>\$1,000 per confinement</p>
<p>Hospital Confinement</p> <p>Maximum of 31 days per confinement for each covered sickness or accident for each insured. Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If the plan pays benefits for confinement and the insured becomes confined again within six months because of the same or a related condition, the plan will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$200 per day</p>
<p>Hospital Intensive Care Benefit</p> <p>This benefit is payable in addition to the hospital confinement benefit. Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable for each day when an insured is confined in a hospital intensive care unit because of a covered accidental injury or covered sickness. The plan will pay benefits for only one confinement in a hospital's intensive care unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a hospital's intensive care unit again within six months because of the same or a related condition, the plan will treat this confinement as the same period of confinement.</p>	<p>\$200 per day</p>
<p>Intermediate Intensive Care Step-Down Unit</p> <p>This benefit is payable in addition to the hospital confinement benefit. Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable for each day when an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or covered sickness. The plan will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or a related condition, the plan will treat this confinement as the same period of confinement.</p>	<p>\$100 per day</p>
<p>Mammography Benefit</p> <p>The plan will pay the amount shown in the Benefit Schedule for mammography tests performed while an insured's coverage is in force. This benefit is payable as follows: A baseline mammogram for women ages 35–39, inclusive; a mammogram for women ages 40–49, inclusive, every two years or more frequently based on the recommendation of the insured's doctor/qualified medical professional; a mammogram every year for women ages 50 and over.</p> <p>This benefit is limited to the maximum shown in the Benefit Schedule. The plan will pay this benefit regardless of the results of the test.</p>	<p>\$100 once a calendar year</p>
<p>Successor Insured Benefit</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident.

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Supplemental Hospital Indemnity Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Supplemental Hospital Indemnity Policy, the Group Supplemental Hospital Indemnity Policy will prevail.

LIMITATIONS AND EXCLUSIONS

The plan will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (The plan will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing or attempting to commit a felony, or voluntarily working at or being engaged in an illegal occupation or job.
- Sports – participating in any organized sport in a professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.

¹ You can also choose to assign benefits to a provider. In some states, benefits may be involuntarily assigned (e.g., child support).

² Maximum of three visits per accident for chiropractic and alternative therapy and 10 visits for physical therapy beginning within 90 days after the accident, provided initial treatment is within 168 hours of the accident.

³ Maximum of two per accident within six months after the accident, provided the initial treatment is within 168 hours of the accident.

⁴ Maximum of one procedure per accident, provided the procedure is within one year after the accident.

⁵ Once per accident within six months after the accident. Paid according to body surface burned. First-degree burns are not covered.

⁶ Admission is payable once per accident within six months after the accident. Maximum of 365 days of confinement per accident within six months after the accident.

⁷ Once per calendar year.

⁸ Once per covered sickness or accident per calendar year.

⁹ Benefit payable in addition to hospital admission benefit. Limit of 31 days per calendar year.

¹⁰ Benefit payable in addition to hospital admission and confinement benefit. Limit of 10 days per calendar year.

¹¹ This benefit is limited to the maximum number of payments per covered accident per insured, as shown in the Benefit Schedule found in the Group Accidental Injury Insurance Policy on the ucplus.com website.

¹² Whether or not the treatment was done with (open) or without (closed) an incision, as determined by information provided in the operative report or X-ray.

¹³ This benefit is only payable for a burn due to, caused by and attributed to a covered accident.

¹⁴ These benefits are payable for loss due to a covered underlying disease or a covered accident.

Contacts and Resources

ucplus.com

For 24/7 plan and enrollment information.

UC Plus Customer Service Team

(888) 212-7201

Monday through Friday, 6 a.m. to 5 p.m. Pacific, excluding holidays.

UCnet

For more information about all of the UC benefit plan options, go to [UCnet](#).

The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from those described here. This document is a summary. If there is any conflict between this summary and the governing plan booklets or agreements, the governing plan documents will control.







The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan certificate or reference the brochure, which can be found on uplus.com, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

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