



**Liquid Environmental Solutions of TX**  
**Summary of Benefits: Critical Illness**  
**Protection Plan**  
**Plan Effective Date: 01/01/2024**

**Help protect yourself from costly medical expenses with UnitedHealthcare.**

Critical Illness Protection Plan helps protect employees from costly expenses associated with the diagnosis of a serious illness. All benefits are paid directly to the insured and can be used towards any expense.

**Your Critical Illness Protection Plan highlights:**

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week. Employee must purchase coverage in order to purchase dependent coverage. Dependent children are covered to age 26.

| Maximum Benefit Amount | Option 1 | Option 2 | Option 3 | Option 4 |
|------------------------|----------|----------|----------|----------|
| Employee               | \$10,000 | \$20,000 | \$30,000 | \$40,000 |
| Spouse                 | \$10,000 | \$20,000 | \$30,000 | \$40,000 |
| Child(ren)             | \$5,000  | \$10,000 | \$15,000 | \$20,000 |

**Plan Provisions**

|                                   |  |
|-----------------------------------|--|
| Reoccurrence Benefit **           | Benefit payable for the same Covered Condition         |
| Cancer Reoccurrence Benefit       | Benefit payable for the same Cancer Condition category |
| Portability                       | Included   |
| Pre-existing Condition Limitation | Waived   |

| Covered Conditions<br><i>** Not eligible for the Reoccurrence benefit</i> | Percentage of the Insured's Maximum Benefit Amount Payable |
|---|--|
|---|--|

**Cancer Conditions**

|                     |       |
|---------------------|-------|
| Non-invasive Cancer | 25%   |
| Invasive Cancer     | 100%  |
| Skin Cancer         | \$250 |

**Vascular Conditions**

|  |      |
|--|------|
| Coronary Artery Disease Minor (Stent or Angioplasty) | 25%  |
| Coronary Artery Disease Major (Bypass Surgery)       | 50%  |
| Heart Attack   | 100% |
| Ruptured Aneurysm                                    | 100% |
| Stroke   | 100% |
| Sudden Cardiac Arrest                                | 100% |

**Organ Failure Conditions**

|  |      |
|--|------|
| Bone Marrow Disease                                      | 100% |
| Chronic Renal Failure **                                 | 100% |
| Heart Failure **   | 100% |
| Major Organ Failure (Liver, Lung, Pancreas, Small Bowel) | 100% |

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#### **Functional Loss Conditions**

|                     |      |
|---------------------|------|
| Coma                | 100% |
| Loss of Hearing **  | 100% |
| Loss of Sight **    | 100% |
| Loss of Speech **   | 100% |
| Paralysis           | 100% |
| Severe Brain Damage | 100% |

#### **Additional Conditions**

|                                     |      |
|-------------------------------------|------|
| Addison's Disease **                | 25%  |
| Benign Brain Tumor                  | 100% |
| Crohn's Disease **                  | 25%  |
| Myasthenia Gravis **                | 25%  |
| Severe Burns                        | 100% |
| Systemic Lupus Erythematosus **     | 25%  |
| Systemic Sclerosis (Scleroderma) ** | 25%  |

#### **Childhood Disease Conditions \*\***

|                          |   |
|--------------------------|---|
| Cerebral Palsy           | 100% of the Dependent Child maximum benefit |
| Childhood Diabetes       | 100% of the Dependent Child maximum benefit |
| Cleft Lip / Palate       | 100% of the Dependent Child maximum benefit |
| Congenital Heart Disease | 100% of the Dependent Child maximum benefit |
| Cystic Fibrosis          | 100% of the Dependent Child maximum benefit |
| Down Syndrome            | 100% of the Dependent Child maximum benefit |
| Muscular Dystrophy       | 100% of the Dependent Child maximum benefit |
| Sickle Cell Anemia       | 100% of the Dependent Child maximum benefit |
| Spina Bifida             | 100% of the Dependent Child maximum benefit |

#### **Neurological Disease Conditions (diagnosis only) \*\***

|                                     |     |
|-------------------------------------|-----|
| Alzheimer's Disease                 | 50% |
| Amyotrophic Lateral Sclerosis (ALS) | 50% |
| Huntington's Disease                | 50% |
| Multiple Sclerosis                  | 50% |
| Parkinson's Disease                 | 50% |

#### **Advanced Neurological Disease Conditions (loss of ADLs) \*\***

|  |     |
|--|-----|
| Advanced Alzheimer's Disease                 | 50% |
| Advanced Amyotrophic Lateral Sclerosis (ALS) | 50% |
| Advanced Huntington's Disease                | 50% |
| Advanced Multiple Sclerosis                  | 50% |
| Advanced Parkinson's Disease                 | 50% |

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### Infectious Disease Conditions

|  |         |
|--|---------|
| Coronavirus (COVID) with 3 day Hospitalization | \$1,000 |
|--|---------|

### Additional Benefits

|          |   |
|----------|---|
| Wellness | \$50 Payable Once per Calendar year per Insured |
|----------|---|

### Wellness Covered Exams

|   |  |
|---|--|
| Antibody or Serology testing                      | Endoscopy  |
| At-Home Screening tests for Colon Cancer          | Fasting blood glucose test                               |
| Biopsy  | Fasting plasma glucose (FPG)                             |
| Blood Test for Cholesterol                        | Flexible sigmoidoscopy                                   |
| Blood test for triglycerides                      | Hemoccult stool analysis                                 |
| Biometric Screenings                              | Hemoglobin A1C(HbA1c)                                    |
| Bone Density scans                                | HPV Testing  |
| Bone marrow testing                               | Lipid Panel  |
| Breast ultrasound                                 | Mammography  |
| Breast MRI  | Monoclonal Antibody Therapy                              |
| CA 15-3 (blood test for breast cancer)            | Pap smear  |
| CA 125 (blood test for ovarian cancer)            | PSA (blood test for prostate cancer)                     |
| CEA (blood test for colon cancer)                 | Serum Protein Electrophoresis (blood test for myeloma)   |
| Chest X-ray                                       | Stress test on a bicycle or treadmill                    |
| Colonoscopy                                       | Thin prep pap test                                       |
| Complete Blood Count                              | Thermography   |
| Doppler screening for carotids                    | Serum cholesterol test to determine level of HDL and LDL |
| Doppler screening for peripheral vascular disease | Virtual Colonoscopy                                      |
| Doppler Screening for abdominal aorta             | Wellness Fair Screening                                  |
| Echocardiogram                                    | Whole Body Skin Cancer Screening                         |
| Electrocardiogram                                 |  |

*Benefit payable upon completion of a covered wellness exam or health screening test. One covered test per Calendar year per Insured.*

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## Frequently Asked Questions about your Critical Illness Protection Plan (CIPP)

|  |  |
|--|--|
| Am I eligible for coverage?  | You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.   |
| Who pays for my Critical Illness coverage?   | Your employer has made CIPP 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 our plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.  |
| How do I cover a newborn child?  | Newborn children are covered from the moment of live birth. You would need to notify us within 31 days of the birth, to enroll that child, regardless of whether there are existing dependent children covered.  |
| Can I keep my CIPP coverage if I leave my employer?  | <p>Your policy contains an option for continuing this coverage known as Portability. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork.</p> <p>Portability</p> <ul style="list-style-type: none"><li>• May be available for spouse and children when the employee elects portability.</li><li>• Does not require Evidence of Insurability.</li><li>• Requires application and payment of premium within 31 days of termination of your CIPP insurance.</li></ul> <p>Some state variations may apply.</p>   |
| Can I receive a benefit for more than one of the covered conditions?   | <p>Each Covered Condition is payable at least one time for dates of diagnoses that occur while coverage is in force.</p> <p><i>(Note: This is commonly referred to as additional occurrence)</i></p>   |
| If I have received a benefit for a covered condition (i.e., Heart Attack) and then get diagnosed again with that same condition, can I get another benefit paid? | <p>You may be eligible for another benefit payment for the <b>same</b> Covered Condition. This is referred to as Reoccurrence Benefit, and certain Conditions are eligible.</p> <p>Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none"><li>• You are diagnosed with a covered condition we have already paid a benefit for; and</li><li>• The diagnosis date of the reoccurrence is at least 180 days following the previous date of diagnosis.</li></ul> <p>Coverage must be in force on the date the reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered reoccurrence diagnosis.</p> |

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|   |   |
|---|---|
| Is Cancer eligible for a reoccurrence benefit?  | <p>You may be eligible for another Cancer Condition benefit. This is referred to as Cancer Reoccurrence, and certain Cancer Conditions are eligible.</p> <p>Cancer Reoccurrence allows you to receive a benefit when:</p> <ul style="list-style-type: none"><li>• You are diagnosed with a covered cancer condition we have already paid a benefit for; and</li><li>• The diagnosis date of the cancer reoccurrence is at least 180 days following the previous date of diagnosis</li></ul> <p>Coverage must be in force on the date the cancer reoccurrence is diagnosed. A second opinion or reconfirmation of a diagnosis is not considered a cancer reoccurrence diagnosis.</p> |
| What constitutes a Cancer Reoccurrence vs an additional occurrence of cancer?   | <p>We have 3 distinct categories of Cancer Covered Conditions:</p> <ul style="list-style-type: none"><li>• Invasive</li><li>• Non-Invasive</li><li>• Skin</li></ul> <p>A diagnosis of cancer from the <b>same</b> Cancer Covered Condition “category” would be considered a Cancer Reoccurrence.<br/>(i.e. Invasive Cancer → Invasive Cancer).</p> <p>A diagnosis of cancer from a <b>different</b> Cancer Covered Condition “category” would be considered an additional occurrence.<br/>(i.e. Invasive Cancer → Non-Invasive Cancer).</p>   |
| I suffered a heart attack before I elected the Critical Illness Protection Plan. Would I be eligible for a benefit?   | <p>We do not pay for events that occurred before the effective date of coverage.</p> <p>However, if a subsequent diagnosis of that condition were to occur while coverage is in effect, a benefit may be payable.</p>   |
| If a diagnosis of a Child Only Covered Condition is made during pregnancy, would we be eligible to receive a benefit for that condition if I choose to cover them as a dependent? | <p>Dependent Children are eligible for coverage from the moment of live birth.</p> <p>If the diagnosis occurs prior to birth, that condition would be payable provided the child survives to live birth and becomes insured as a dependent child.</p>   |
| I enrolled my 5 year old child, who was diagnosed at birth with one of the Child Only Covered conditions. Would we be eligible to receive a benefit for that condition?           | <p>For a condition to be payable, coverage must be in force on the date of diagnosis. Therefore, in this situation, because diagnosis was made prior to the coverage effective date, a benefit would not be payable.</p>  |

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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.

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### 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](mailto:fpcustomersupport@uhc.com).

## Exclusions and Limitations\*:

We will not pay a benefit for a Critical Illness contributed to or caused by:

1. intentional self-inflicted Injury, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy;
2. attempted suicide, this exclusion does not apply to the Mental Health Disorder Hospital Confinement Benefit if covered under this Policy ;
3. active participation in a riot, felony, assault, or illegal occupation;
4. 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;
5. loss sustained while on active duty as a member of the armed forces of any nation except during any time period insurance is extended under the Continuation during Leave of Absence provision;
6. Intoxication 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

We also will not pay a benefit for a Critical Illness 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.

*\*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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### Critical Illness Cost Summary

The premiums shown below are based on the employee's age and tobacco status. Spouse age and smoker status are based on Employee age and smoker status.

Premiums shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

| Employee Paid<br>Monthly Premium | Option 1: EE \$10,000 / 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                         | \$2.70   | \$4.80      | \$4.40      | \$6.50       |
| 25-29                            | \$3.30   | \$6.10      | \$5.00      | \$7.80       |
| 30-34                            | \$4.00   | \$7.70      | \$5.70      | \$9.40       |
| 35-39                            | \$5.10   | \$10.10     | \$6.80      | \$11.80      |
| 40-44                            | \$7.50   | \$14.70     | \$9.20      | \$16.40      |
| 45-49                            | \$12.00  | \$22.60     | \$13.70     | \$24.30      |
| 50-54                            | \$19.30  | \$34.40     | \$21.00     | \$36.10      |
| 55-59                            | \$27.70  | \$48.10     | \$29.40     | \$49.80      |
| 60-64                            | \$39.90  | \$68.70     | \$41.60     | \$70.40      |
| 65-69                            | \$55.80  | \$92.70     | \$57.50     | \$94.40      |
| 70-74                            | \$67.00  | \$127.60    | \$68.70     | \$129.30     |
| 75+                              | \$85.10  | \$169.70    | \$86.80     | \$171.40     |

| Employee Paid<br>Monthly Premium | Option 2: EE \$20,000 / SP \$20,000 / CH \$10,000 |             |             |              |
|----------------------------------|---|-------------|-------------|--------------|
|                                  | EE Only   | EE + SP     | EE + CH     | EE + SP + CH |
| Age Range                        | Uni-Tobacco                                       | Uni-Tobacco | Uni-Tobacco | Uni-Tobacco  |
| Under 25                         | \$5.40  | \$9.60      | \$8.80      | \$13.00      |
| 25-29                            | \$6.60  | \$12.20     | \$10.00     | \$15.60      |
| 30-34                            | \$8.00  | \$15.40     | \$11.40     | \$18.80      |
| 35-39                            | \$10.20   | \$20.20     | \$13.60     | \$23.60      |
| 40-44                            | \$15.00   | \$29.40     | \$18.40     | \$32.80      |
| 45-49                            | \$24.00   | \$45.20     | \$27.40     | \$48.60      |
| 50-54                            | \$38.60   | \$68.80     | \$42.00     | \$72.20      |
| 55-59                            | \$55.40   | \$96.20     | \$58.80     | \$99.60      |
| 60-64                            | \$79.80   | \$137.40    | \$83.20     | \$140.80     |
| 65-69                            | \$111.60  | \$185.40    | \$115.00    | \$188.80     |
| 70-74                            | \$134.00  | \$255.20    | \$137.40    | \$258.60     |
| 75+                              | \$170.20  | \$339.40    | \$173.60    | \$342.80     |

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| Employee Paid<br>Monthly Premium | Option 3: EE \$30,000 / SP \$30,000 / CH \$15,000 |             |             |              |
|----------------------------------|---|-------------|-------------|--------------|
|                                  | EE Only   | EE + SP     | EE + CH     | EE + SP + CH |
| Age Range                        | Uni-Tobacco                                       | Uni-Tobacco | Uni-Tobacco | Uni-Tobacco  |
| Under 25                         | \$8.10  | \$14.40     | \$13.20     | \$19.50      |
| 25-29                            | \$9.90  | \$18.30     | \$15.00     | \$23.40      |
| 30-34                            | \$12.00   | \$23.10     | \$17.10     | \$28.20      |
| 35-39                            | \$15.30   | \$30.30     | \$20.40     | \$35.40      |
| 40-44                            | \$22.50   | \$44.10     | \$27.60     | \$49.20      |
| 45-49                            | \$36.00   | \$67.80     | \$41.10     | \$72.90      |
| 50-54                            | \$57.90   | \$103.20    | \$63.00     | \$108.30     |
| 55-59                            | \$83.10   | \$144.30    | \$88.20     | \$149.40     |
| 60-64                            | \$119.70  | \$206.10    | \$124.80    | \$211.20     |
| 65-69                            | \$167.40  | \$278.10    | \$172.50    | \$283.20     |
| 70-74                            | \$201.00  | \$382.80    | \$206.10    | \$387.90     |
| 75+                              | \$255.30  | \$509.10    | \$260.40    | \$514.20     |

| Employee Paid<br>Monthly Premium | Option 4: EE \$40,000 / SP \$40,000 / CH \$20,000 |             |             |              |
|----------------------------------|---|-------------|-------------|--------------|
|                                  | EE Only   | EE + SP     | EE + CH     | EE + SP + CH |
| Age Range                        | Uni-Tobacco                                       | Uni-Tobacco | Uni-Tobacco | Uni-Tobacco  |
| Under 25                         | \$10.80   | \$19.20     | \$17.60     | \$26.00      |
| 25-29                            | \$13.20   | \$24.40     | \$20.00     | \$31.20      |
| 30-34                            | \$16.00   | \$30.80     | \$22.80     | \$37.60      |
| 35-39                            | \$20.40   | \$40.40     | \$27.20     | \$47.20      |
| 40-44                            | \$30.00   | \$58.80     | \$36.80     | \$65.60      |
| 45-49                            | \$48.00   | \$90.40     | \$54.80     | \$97.20      |
| 50-54                            | \$77.20   | \$137.60    | \$84.00     | \$144.40     |
| 55-59                            | \$110.80  | \$192.40    | \$117.60    | \$199.20     |
| 60-64                            | \$159.60  | \$274.80    | \$166.40    | \$281.60     |
| 65-69                            | \$223.20  | \$370.80    | \$230.00    | \$377.60     |
| 70-74                            | \$268.00  | \$510.40    | \$274.80    | \$517.20     |
| 75+                              | \$340.40  | \$678.80    | \$347.20    | \$685.60     |

\*Cost Includes Wellness Benefit

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain Critical Illness plan benefits. Please note: CRITICAL ILLNESS coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has 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. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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