

# UHG Benefits Handbook

## Disability, Life/AD&D, and Business Travel Accident Insurance

This document is the Benefits Handbook for the following UHG benefits plans:

- Disability Coverage:
  - Short-Term Disability; and
  - Long-Term Disability.
- Life Insurance and AD&D Benefits:
  - Employee Basic Life Insurance with Accidental Death and Dismemberment (AD&D) Benefit;
  - Employee Supplemental Life Insurance with or without AD&D Benefit;
  - Spouse or Domestic Partner Life Insurance with or without AD&D Benefit; and
  - Child(ren) Life Insurance
- Business Travel Accident (BTA) Insurance

### The Importance of Defined Terms

Many of the terms used throughout the Handbook have specific meanings that are defined in the [“Glossary”](#) section.

To understand how the benefit plans work and to use your benefits effectively, we suggest that you take a few minutes to review all of the important terms in this Handbook.

### If You Need Help Understanding This Benefits Handbook

This Handbook contains a summary of your rights and benefits under the plans offered by UHG. If you have difficulty understanding any part of this Handbook, contact HRdirect at 800-561-0861.

## Language Assistance

- Help is available in Chinese if you live in San Francisco County, CA. Please call 800-561-0861.

如果您居住在加州旧金山,可以获得中文协助。请于800-561-0861。

- Help is available in Tagalog if you live in Aleutians West Census Area and Aleutians East Borough Counties in AK. Please call 800-561-0861.

Mayroong makukuhang tulong sa Tagalog kung ikaw ay nakatira sa Aleutians West Census Area at sa Aleutians East Borough Counties sa AK. Pakitawagan 800-561-0861.

- Help is available in Navajo if you live in Apache County, AZ, McKinley County, NM, or San Juan County, UT. Please call 800-561-0861.

Tah dine'keh ji' yahti gho shi'ka a'dol wol niin ziin gho' Dziil ghaa ii beh woo'ji ha'ghii (Apache County), Hoozdoh ji doo, Yooto' altsi'gho ha'da'haasdzoo', ghii, (McKinley County, NM, or San Juan County, Ut), ee 'dii koh'ji' Ho'diil ni 800-561-0861.

- Help is available in Spanish. Please call 800-561-0861.

Se ofrece ayuda en español. Por favor, llame al 800-561-0861.

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Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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Welcome to the UnitedHealth Group Incorporated Group Benefits Handbook (the Handbook or Benefits Handbook). UnitedHealth Group Incorporated (UnitedHealth Group, UHG or the Company) has established the UHG Inc. Group Benefits Plan (the Plan), which includes certain component benefit plans summarized in this Handbook for your benefit and the benefit of your family if you are an [eligible employee](#) of the Company or a [participating employer](#).

This Handbook is the first place you should turn when you have questions about the plans or the benefits described in this Handbook. Additional details about many of the plans are provided in official plan documents (which may include the Plan document, other documents, insurance contracts or policies, or the certificates for those component benefit plans). For those plans, if there is a discrepancy between the information in this Handbook and the official Plan document, the Plan document will govern.

The plan administrator has the sole discretion and authority to interpret the terms of the benefit plans, determine benefit eligibility, and resolve any and all ambiguities or inconsistencies in the benefit plans. Eligibility or participation in the benefit plans is not an offer or guarantee of employment or an employment contract. Receipt of this communication should not be considered to mean that you are a participant of or eligible to participate in any applicable benefit plan if you do not otherwise meet the eligibility requirements set forth in the documents that govern the applicable component benefit plan.

See the "[Contact Information](#)" section for important web addresses and phone numbers. If you have questions about your benefits, visit the Benefits Site at <https://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.

### Important Note

*This Handbook is effective January 1, 2021, and supersedes all prior versions of the Handbook, including all amendments.*

*The information in this document was updated as of January 1, 2021, and is subject to changes/corrections/updates after this date.*

*For the most current plan provisions or if you have questions about the information in this Handbook, visit the Benefits Site at <https://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.*

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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## Governing Plan Documentation

The UHG Inc. Group Benefits Plan (the Plan) and each of its component benefit plans are governed by a formal plan document. Your rights are governed by the terms of that document. If there is any discrepancy between the formal plan document and this Handbook, the formal plan document will control. The formal plan document will also control in the event it is inconsistent with any Summary Plan Description (SPD) and certificate of coverage provided separately from this Handbook.

No person has the authority to make any oral or written statement or representation of any kind that is legally binding upon the Company that alters the Plan or any legal document maintained in conjunction with the Plan.

## Summary Plan Descriptions (SPDs) for ERISA Plans

The component plans of the UHG Inc. Group Benefits Plan that are subject to ERISA must be summarized for you in an SPD. The following table identifies the documents that constitute the SPD for each ERISA-governed component benefit plan. The SPD may include sections of this Handbook and, for certain component benefit plans, the insurer's certificate of coverage and/or insurance policy. The [Glossary](#) is also part of the SPD, to the extent it defines terms used in Handbook sections that are part of an SPD.

These documents are available on the Benefits Site at <https://benefitsenroll.uhg.com>.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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<a href="#"><u>Long-Term Disability</u></a>	Handbook Sections <ul style="list-style-type: none"> <li>■ <a href="#">Introduction</a></li> <li>■ <a href="#">Eligibility and Enrollment</a></li> <li>■ <a href="#">Administrative Information</a></li> </ul> Other Documents <ul style="list-style-type: none"> <li>■ <a href="#">Certificate of Coverage issued by The Hartford</a></li> </ul>
<a href="#"><u>Life Insurance and AD&amp;D Benefit</u></a>	Handbook Sections <ul style="list-style-type: none"> <li>■ <a href="#">Introduction</a></li> <li>■ <a href="#">Eligibility and Enrollment</a></li> <li>■ <a href="#">Administrative Information</a></li> </ul> Other Documents <ul style="list-style-type: none"> <li>■ <a href="#">Certificate of Coverage issued by UnitedHealthcare Insurance Company</a></li> </ul>
<a href="#"><u>Business Travel Accident Insurance</u></a>	Handbook Sections <ul style="list-style-type: none"> <li>■ <a href="#">Introduction</a></li> <li>■ <a href="#">Eligibility and Enrollment</a></li> <li>■ <a href="#">Administrative Information</a></li> </ul> Other Documents <ul style="list-style-type: none"> <li>■ <a href="#">Business Travel Accident Out-of-Country Medical, Medical Evacuation and Repatriation – Summary of Benefits</a></li> <li>■ <a href="#">Business Travel Out-of-Country Medical Insurance – Certificate of Coverage issued by UnitedHealthcare Insurance Company</a></li> <li>■ <a href="#">Business Travel Accident (BTA) related AD&amp;D – Summary of Benefits</a></li> </ul>

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.

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## Your Rights under ERISA

See the “[Administrative Information](#)” section for more information about your ERISA rights.

If you participate in a non-ERISA plan, the ERISA rights and protections do not apply with regard to the non-ERISA plan benefits.

## Plan Administrator

The UnitedHealth Group Employee Benefits Plans Administrative Committee (the Committee) serves as the plan administrator to the benefit plans described in this Handbook.

The plan administrator has the authority to delegate, and has delegated, certain authority and duties to other parties, who are third-party administrators, fiduciaries and/or trustees.

The plan administrator (and any other persons or entities to whom the plan administrator delegates discretionary authority and duties) has the sole and exclusive authority and discretion to interpret the benefit plans' terms and benefits under them, and to make factual and legal decisions about them.

## Company's Reservation of Right to Amend and Terminate the Plan or Component Benefit Plans

UHG reserves the right to modify or amend, in whole or in part, or terminate any or all of the Plan or the component benefit plans discussed in this Handbook for any reason and in its sole discretion at any time. UHG's right to amend or terminate the benefit plans includes, but is not limited to, changes in the eligibility requirements, premiums or other employee payments charged, benefits provided, and termination of all or a portion of the coverages provided under the plans.

Amendments may be retroactive to the extent permitted under applicable law. Modification of the terms of the Plan or termination of the Plan will be effective only in writing and in compliance with the Plan's requirements for an amendment or termination of the Plan. Oral representation concerning the interpretation of the Plan will not be effective to amend the Plan or component benefit plans.

If a benefit plan is amended or terminated, you will be subject to all the changes effective as a result of such amendment or termination, and your rights will be reduced, terminated, altered or increased accordingly, as of the effective date of the amendment or termination. However, no amendment or termination will reduce the amount of any benefit otherwise payable under the Plan or a component benefit plan for charges incurred prior to the effective date of the amendment or termination.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.

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In the event of the dissolution, merger, consolidation or reorganization of the Company, the Plan will terminate unless the Plan is continued by a successor to the Company.

If a benefit plan is terminated and surplus assets remain after all liabilities have been paid, the surplus will revert to the Company to the extent permitted under applicable law, unless otherwise stated in the insurance or administrative contract or otherwise determined by the Board of Directors of the Company.

## Not an Employment Contract

Neither the receipt of this Handbook, nor the use of the term “you” means that you are eligible for a benefit under any of the component benefit plans that are summarized in the Handbook. You are eligible to participate in a component benefit plan or receive a benefit only if you satisfy the applicable eligibility requirements and other criteria. The receipt of this Handbook and/or the terms of the component benefit plans also neither create a right for you to be retained in employment nor prevent the Company from terminating your employment for any reason.

## Questions?

If you have questions about your benefits, visit the Benefits Site at <https://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.



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This section provides general information on who is eligible to participate in UHG benefits, when you can enroll, how you can change your benefit elections, how leaves of absence affect your benefits, the cost of coverage and when coverage ends.

See the applicable plan sections of this Handbook for eligibility and participation details specific to each component benefit plan.

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## Who Is Eligible

### Participating Employers

The component benefit plans described in this Handbook are available to eligible employees of the following subsidiaries of the Company, all of which are considered participating employers:

- United HealthCare Services, Inc.;
- UHC International Services, Inc.;
- Health Plan of Nevada, Inc.;
- Sierra Health and Life Insurance Company, Inc.;
- Southwest Medical Associates, Inc.;
- Optum Services, Inc.;
- PrimeCare Medical Network, Inc.;
- Monarch Health Plan, Inc.;
- UnitedHealthcare of Illinois, Inc.;
- Optum Services Puerto Rico, LLC; and
- Any other employer that adopts the benefit plan(s), with UnitedHealth Group's written consent.

**Important Note:** Even though you may be an employee of a participating employer, throughout the Handbook, we refer to all employees as employees of UHG. Also note that most employees are employed by United HealthCare Services, Inc. or Optum Services, Inc., not the business segment with which they identify, such as UnitedHealthcare, OptumHealth, etc. This is why business segment names are not included on this list. If you are not sure which entity is your employer, you can find out by looking at your online paycheck on The Hub at <https://hub.uhg.com>, your biweekly paycheck or your deposit advice.

### Eligible Employees

In general, you are an eligible employee if you work for a participating employer and are classified on both the U.S. payroll and the personnel records of the participating employer as one of the following classifications. Benefit plan eligibility is based on employee classification and/or geographical location. Please see the table in the "[Benefits in Which Eligible Employees Can Participate](#)" subsection for more information.

- **Regular full-time employee (not otherwise listed).** You are classified on both the payroll and the personnel records of the participating employer as a regular full-time employee regularly scheduled to work at least 35 hours per week.

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- **Regular part-time employee (not otherwise listed).** You are classified on both the payroll and the personnel records of the participating employer as a regular part-time employee regularly scheduled to work at least 20 to 34 hours per week.
- **Regular part-time employee regularly scheduled to work fewer than 20 hours per week (not otherwise listed).** You are classified on both the payroll and the personnel records of the participating employer as a regular part-time employee regularly scheduled to work fewer than 20 hours per week.
- **Acquired employee during a transition year.** Eligibility depends on acquisition agreement.
- **Regular full-time employee from India on U.S. assignment greater than 12 months.** You are classified on the United States payroll and the personnel records of the participating employer and you are assigned by UHG to work inside the United States for longer than 12 months.
- **Regular employee of Optum Services Puerto Rico, LLC in Puerto Rico.** You are classified on both the payroll and the personnel records of the participating employer as a regular full-time employee regularly scheduled to work at least 35 hours per week in Puerto Rico, a regular part-time employee regularly scheduled to work at least 20 to 34 hours per week in Puerto Rico or as a regular part-time employee regularly scheduled to work fewer than 20 hours per week in Puerto Rico.
- **Regular full-time employee on overseas assignment for six months or more.** You are classified on both the U.S. payroll and the personnel records of the participating employer and you are assigned by UHG to work outside the United States for at least six months.
- **Regular full-time employee from India on U.S. assignment three months to 12 months.** You are classified on the India payroll and the personnel records of the participating employer, and you are assigned by UHG to work inside the United States for at least three months to 12 months.
- **Temporary employee.** You are classified on both the payroll and the personnel records of the participating employer as a temporary employee, which includes per diem and seasonal employees.

### Special Eligibility Rules

The following sections and summaries explain their special eligibility rules in more detail:

- [Disability Coverage](#)
  - [Short-Term Disability \(STD\)](#)
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### Classification Rule

UHG determines who is eligible to participate in its benefit plans. In making that determination, UHG classifies employees as eligible or ineligible for benefits. This classification is final, binding and conclusive. No reclassification of a person's status by a third party for any reason, whether by a court, governmental agency or someone else, without regard to whether or not UHG agrees to such reclassification, will make the person retroactively or prospectively eligible for benefits. However, UHG, in its sole discretion, may reclassify a person as a benefits-eligible employee for future periods. If there is any question or uncertainty about a person's classification, the person will be treated as ineligible for benefits.

### Who Is Not an Eligible Employee

You are not an eligible employee and are not eligible to participate in any of the benefit plans described in this Handbook if you are employed by a company that is not a participating employer in a specific benefit plan, or, even if you are employed by a participating employer, you are classified on both the payroll and the personnel records of the participating employer as any one or more of the following (unless otherwise described in the Eligible Employees list above):

- A temporary employee, except for Business Travel Accident Insurance
- An employee whose terms and conditions of employment are subject to a collective bargaining agreement (unless the collective bargaining agreement specifically provides for participation in a specific plan or program) and except as provided for in the [“Benefits in Which Eligible Employees Can Participate”](#) subsection
- A United States citizen or resident performing services outside of the United States, unless approved by the Company
- A nonresident alien who is not identified as an exception in the [“Benefits in Which Eligible Employees Can Participate”](#) subsection
- A leased employee, an independent contractor or any other person whom the Company has not classified as a common-law employee, except for the following:
  - The Company may offer leased employees, independent contractors and other non-employees coverage under the Plan to the extent required under a purchase agreement, merger or acquisition or other contractual arrangement

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## Benefits in Which Eligible Employees Can Participate

The following table shows the component benefit plans, by eligible employee class, available to eligible employees. If a benefit plan is not listed in this table as being available to a specific eligible employee class, that class is not eligible to participate in the plan.

Eligible Employee Class	Component Benefit Plans in Which the Eligible Employee Can Participate
<p><a href="#"><u><b>Regular Full-Time Employee</b></u> (not otherwise listed in this table)</a></p> <p><a href="#"><u><b>Regular Part-Time Employee scheduled to work 20–34 hours per week</b></u> (not otherwise listed in this table)</a></p> <p><a href="#"><u><b>Regular Full-Time Employee from India on U.S. Assignment greater than 12 months</b></u></a></p> <p><a href="#"><u><b>Regular Full-time Employee on Overseas Assignment for six months or more</b></u> (eligibility generally remains unchanged)</a></p>	<ul style="list-style-type: none"> <li>■ STD plan</li> <li>■ LTD plan</li> <li>■ Life Insurance and AD&amp;D Benefit plan (Part-Time: Basic Life/AD&amp;D \$10,000)</li> <li>■ BTA Insurance plan</li> </ul>
<p><a href="#"><u><b>Regular Part-Time Employee regularly scheduled to work fewer than 20 hours per week</b></u> (not otherwise listed in this table)</a></p>	<ul style="list-style-type: none"> <li>■ Life Insurance and AD&amp;D Benefit plan (Part-Time: Basic Life/AD&amp;D \$10,000)</li> <li>■ BTA Insurance plan</li> </ul>
<p><a href="#"><u><b>Acquired Employee during a Transition Year</b></u></a></p>	<ul style="list-style-type: none"> <li>■ Depends on acquisition agreement</li> </ul>
<p><a href="#"><u><b>Regular Employee of Optum Services Puerto Rico, LLC</b></u> (regularly scheduled to work at least 20 hours per week in Puerto Rico)</a></p>	<ul style="list-style-type: none"> <li>■ STD plan</li> <li>■ LTD plan</li> <li>■ Life Insurance and AD&amp;D Benefit plan (Part-Time: Basic Life/AD&amp;D \$10,000)</li> <li>■ BTA Insurance plan</li> </ul>
<p><a href="#"><u><b>Regular Employee of Optum Services Puerto Rico, LLC</b></u> (regularly scheduled to work fewer than 20 hours per week in Puerto Rico)</a></p>	<ul style="list-style-type: none"> <li>■ Life Insurance and AD&amp;D Benefit plan (Part-Time: Basic Life/AD&amp;D \$10,000)</li> <li>■ BTA Insurance plan</li> </ul>
<p><a href="#"><u><b>Temporary (including Per Diem and Seasonal) Employee</b></u></a></p>	<ul style="list-style-type: none"> <li>■ BTA Insurance plan</li> </ul>

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### Employees Hired during an Acquisition

Acquired employees, hired as a direct result of an acquisition, are eligible to participate in the Company's benefit plans if, after the acquisition, they are employed by a participating employer and classified on both the participating employer's payroll and personnel records in one of the eligible employee classes. If acquired employees are eligible for a legacy plan of the acquired company, then they are not eligible for the UHG Inc. Group Benefits Plan.

The participation dates and benefit plans in which acquired employees are eligible to participate vary depending on the acquisition, and are set forth in the Transition Guide and Calendar or similar document for each acquisition and/or in separate materials that are provided to acquired employees shortly before they become eligible to participate.

### Eligible Dependents

To be eligible for coverage, your dependent must reside in the United States and meet the following requirements. Your eligible dependents may include your:

- **Spouse.** Your spouse is the person of the same or opposite gender to whom you are legally married and maintain a shared financial responsibility to each other. This includes your common-law spouse in states where it is recognized. (A former spouse, a spouse from whom you are legally separated or a spouse with respect to whom an annulment or decree of separate maintenance is in effect is not your spouse); **or**
- **Domestic Partner.** A person of the same or opposite gender is your domestic partner if you and your domestic partner maintain a shared financial responsibility to each other and meet one of the following two rules:
  - You and your domestic partner have registered your domestic partnership in a state or other locality that provides such a registration, and your registered domestic partnership has not been dissolved, annulled or otherwise terminated; **or**
  - Your relationship satisfies **all** of the following requirements:
    - You and your domestic partner have lived together in an exclusive relationship for at least one year, and intend to keep doing so for a long-lasting and indefinite time period;
    - You and your domestic partner are not legally barred from entering into a marriage relationship for reasons of an existing marriage, age, mental competency or blood relationship;
    - Neither you nor your domestic partner is in a domestic partnership with anyone else;
    - You and your domestic partner have not entered into a domestic partnership solely for the purpose of obtaining benefits; **and**
    - Neither you nor your domestic partner has notified the Company that your domestic partnership has been terminated.

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- **Dependent Child.** Any child who is the biological child, legally adopted child, or stepchild of you and/or your spouse or domestic partner, and any child who is placed in your home for legal adoption by you and/or your spouse or domestic partner or for whom you and/or your spouse or domestic partner have legal guardianship or a foster child, if the child is under age 26.

You may cover a grandchild of either you or your covered spouse or domestic partner, provided the grandchild is under age 26 and is financially dependent upon and resides with you or your spouse or domestic partner. You must claim your grandchild as a dependent on your federal tax return for the calendar year for which you are providing coverage to the grandchild, and your grandchild must meet all of the following eligibility requirements:

- Is unmarried (for life insurance purposes);
  - Provides no more than one-half of his or her own financial support for the year;
  - Has your home as his or her principal place of abode for more than one-half of the year (for this purpose, temporary absences because of illness, education, vacation or military service do not reduce the child's period of residence); and
  - Is under age 26.
- **Disabled Dependent Children.** For any child who otherwise satisfies the requirements to be a dependent child, coverage in the life insurance plan can extend beyond age 26 if all of the requirements set forth in the certificate of coverage are met.

### People Who Are Not Eligible Dependents

The following people are not eligible dependents, and you cannot enroll them or request benefits with respect to them in UHG's benefit plans:

- Former spouses, a spouse from whom you are legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, and/or former domestic partners;
- Parents;
- Sisters and brothers;
- Aunts, uncles and cousins;
- Friends and neighbors; and
- Nannies, au pairs or other caregivers.

This list is not all-inclusive and merely identifies the more commonly encountered people who cannot be enrolled in these benefit plans.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.



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### Proof of Dependent Eligibility

You will be asked upon initial enrollment and from time to time to provide proof that your dependent is or remains an eligible dependent. UHG reserves the right, in its sole discretion, to decide what forms of support are acceptable as proof. Failure to timely provide requested documentation may result in termination of coverage for the enrolled individual(s). See “[Dependent Eligibility Rules and Requirements](#)” on the Benefits Site at <https://benefitsenroll.uhg.com>.

If UHG determines that you have enrolled a person who is not your eligible dependent, UHG reserves the right to take action, including but not limited to terminating coverage and recovering any benefits that were paid, and/or terminating your employment.

### Enrolling for Coverage

The “[What You Need to Know to Enroll](#)” subsection applies to eligible employees who are not acquired employees, and summarizes when they can first be eligible for coverage in the various benefit plans, and, where applicable, their initial enrollment deadlines and subsequent regular opportunities to make enrollment changes.

### How to Enroll

To enroll in coverage under the Company’s health and welfare component benefit plans for the first time:

- **Read Your Benefits Resources.** Visit the Benefits Site at <https://benefitsenroll.uhg.com> and review the benefits information and this Benefits Handbook.
- **Enroll Online.** Complete the benefits enrollment process online on or before your enrollment deadline on the Benefits Site at <http://benefitsenroll.uhg.com>. If you’re a first-time user, you’ll need the employee ID number that UHG assigns to you, and the last four digits of your Social Security number.
- **Enroll by Phone if You Don’t Have Internet Access.** Complete the benefits enrollment process on or before your enrollment deadline by calling HRdirect at 800-561-0861, and speaking to a Benefits Advisor.

### Short-Term Disability Enrollment Process

You do not need to enroll to receive Basic STD.

You will receive enrollment information for Supplemental STD before your initial enrollment deadline. You may enroll online through the benefits enrollment site or, if you do not have Internet access, by calling HRdirect. You are responsible for reading and understanding the enrollment rules, and for enrolling in your benefits on or before your initial enrollment deadline and during the annual Open Enrollment Period. Read the “[What You Need to Know to Enroll](#)” subsection for more information about the enrollment process.

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## ***Electing Supplemental STD during a Leave of Absence***

If you are on a leave of absence during a designated annual Open Enrollment Period and elect Supplemental STD, your supplemental coverage will be effective on the following January 1. However, your election will apply only to disabilities and disability periods that begin on the later of January 1 or the date you return to work from your leave of absence.

For example, assume that in September you are on a leave of absence and receive Basic STD benefits of 60% of your predisability earnings. During the designated annual Open Enrollment Period, you elect Supplemental STD. Your Supplemental STD is effective on the following January 1 or on the date you return to work if it is after January 1. This means that if you return to work on January 15, you will continue to receive STD benefits from January 1 through January 14 at the 60% coverage level. However, if you subsequently become disabled with a new and not continuous disability after you return to work, your STD benefits for the new disability will be paid at the 80% coverage level.

## **Long-Term Disability Enrollment Process**

You do not need to enroll to receive coverage under the LTD plan.

You may, however, elect that the premiums that the Company pays for your coverage be treated as taxable income to you, which may cause any LTD benefits that you receive under the LTD plan (as reduced by deductible income, including benefits from other sources) to be nontaxable to you. If you want to elect that these premiums be treated as taxable income to you, you must make this election on or before your initial enrollment deadline or during an annual Open Enrollment Period (for the next calendar year). Read "[LTD Taxation Election](#)" for more information.

## **Life Insurance and AD&D Benefit Enrollment Process**

You do not need to enroll to receive Employee Basic Life Insurance with AD&D Benefit.

For enrollment information for Employee Supplemental Life Insurance with AD&D Benefit, Spouse or Domestic Partner Life Insurance with AD&D Benefit, and Child(ren) Life, visit the Benefits Site at <https://benefitsenroll.uhg.com>. You may enroll online through the benefits enrollment site or, if you do not have Internet access, by calling HRdirect. You are responsible for reading and understanding the enrollment rules, and for enrolling in benefits on or before your initial enrollment deadline and during the annual Open Enrollment Period. Read the "[What You Need to Know to Enroll](#)" and "[How to Enroll](#)" subsections for more information about the enrollment process.

## **Business Travel Accident Insurance Enrollment Process**

You do not need to enroll to receive coverage under the BTA plan.

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Your coverage begins automatically on your hire date if you are in active service (actively at work) on that date. If you are not in active service on your hire date, coverage will begin when you are in active service. If you are not an eligible employee when you are first hired and are later reclassified as an eligible employee, your coverage will begin on the first day that your new employment classification is effective if you are in active service on that date.

For example, assume you are hired into or transfer to an eligible employee class on July 15 of a calendar year. Your coverage under the BTA plan begins automatically on July 15 if you are in active service on that date.

### Initial Enrollment Deadline

For the Company benefit plans that require you to pay all or a portion of the cost, you must take action to enroll if you want to participate in them, and must do so by a particular date that we refer to as the initial enrollment deadline. Typically, this deadline is 30 days from your hire date. However, for some of the benefit plans, you do not need to enroll, because coverage under them is automatic. Note that any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your coverage effective date.

### When Coverage Begins

For many of the benefit plans, you must enroll online or contact HRdirect during the 30-day period before your initial enrollment deadline or during an annual Open Enrollment Period in order for your coverage to be effective. Your coverage begins on your coverage effective date. You may have more than one coverage effective date depending on your status and the benefit plan. This table outlines “What You Need to Know to Enroll” for the coverage effective date, enrollment deadlines, and some things to consider as you make your election decisions for each benefit plan.

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## What You Need to Know to Enroll

*Important Note: This table does not summarize midyear life events, which are discussed in the “[Life Events and the Consistency Rule](#)” subsection. Different rules apply to acquired employees, which are explained in the Transition Guide and Calendar or similar document for each acquisition and/or in separate materials that are provided to acquired employees shortly before they become eligible to participate.*

Benefit Plan	When Coverage Begins – Coverage Effective Date	Regular Enrollment Deadlines	Things to Consider
<p><b>STD</b></p> <ul style="list-style-type: none"> <li>■ Basic STD</li> <li>■ Supplemental STD</li> </ul>	<ul style="list-style-type: none"> <li>■ If you are a newly hired eligible employee, or are rehired after 30 days of your last employment with UHG, the first day of the month following your hire date, if you are actively at work on that date.*</li> <li>■ If you are rehired <i>within</i> 30 days of your last employment with UHG, your <i>previous elections will be reinstated.</i></li> <li>■ If you are reclassified as an eligible employee, the first day of the month following the date your reclassification is effective, if you are actively at work on that date.**</li> <li>■ If you are not actively at work on your effective date of coverage, your coverage begins automatically on the first date that you are actively at work.</li> </ul>	<ul style="list-style-type: none"> <li>■ For Basic STD, you are automatically covered.</li> <li>■ For Supplemental STD, you may enroll on or before your initial enrollment deadline (the 30th day following your hire date or reclassification as an eligible employee) or during an annual Open Enrollment Period.</li> </ul>	<p>Determine whether you need additional protection through Supplemental STD, which allows you to purchase additional disability coverage of 20% of your eligible pay (for a total of 80% coverage).</p>

\* The enrollment election process for an employee rehired after 30 days follows the New Hire process.

\*\* For a regular full-time employee on overseas assignment for six months or more who becomes an eligible employee, such employee’s coverage effective date is the date the employee’s reclassification is effective.

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Benefit Plan	When Coverage Begins – Coverage Effective Date	Regular Enrollment Deadlines	Things to Consider
<p><b>LTD</b></p>	<ul style="list-style-type: none"> <li>■ If you are a newly hired eligible employee, or are rehired after 30 days of your last employment with UHG, the first day of the month following your hire date, if you are actively at work on that date.*</li> <li>■ If you are rehired <i>within</i> 30 days of your last employment with UHG, your <i>previous elections will be reinstated.</i></li> <li>■ If you are reclassified as an eligible employee, the first day of the month following the date your reclassification is effective, if you are actively at work on that date.**</li> <li>■ If you are not actively at work on your coverage effective date, your coverage begins automatically on the first date that you are actively at work.</li> </ul>	<ul style="list-style-type: none"> <li>■ You are automatically covered.</li> <li>■ You may elect to have the premium that UHG pays for your LTD coverage treated as taxable income to you when you first become eligible for coverage or during the annual Open Enrollment Period. Read "<a href="#">LTD Taxation Election</a>" for more information.</li> </ul>	<p>Consider whether you want to enroll in the LTD taxation plan, which would allow you to receive nontaxable benefits from the LTD plan.</p>

\* The enrollment election process for an employee rehired after 30 days follows the New Hire process.

\*\* For a regular full-time employee on overseas assignment for six months or more who becomes an eligible employee, such employee's coverage effective date is the date the employee's reclassification is effective.

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Benefit Plan	When Coverage Begins – Coverage Effective Date	Regular Enrollment Deadlines	Things to Consider
<p><b>Life Insurance and AD&amp;D Benefit</b></p> <ul style="list-style-type: none"> <li>■ Basic Life/AD&amp;D</li> </ul>	<ul style="list-style-type: none"> <li>■ If you are a newly hired eligible employee, or are rehired after 30 days of your last employment with UHG, the first day of the month following your hire date, if you are actively at work on that date.*</li> <li>■ If you are rehired <i>within</i> 30 days of your last employment with UHG, your <i>previous elections will be reinstated.</i></li> <li>■ If you are reclassified as an eligible employee, the first day of the month following the date your reclassification is effective, if you are actively at work on that date.**</li> <li>■ If you are not actively at work on your coverage effective date, your coverage begins automatically on the first date that you are actively at work.</li> </ul>	<ul style="list-style-type: none"> <li>■ You are automatically covered for Basic Life/AD&amp;D Insurance.</li> </ul>	<ul style="list-style-type: none"> <li>■ Regular full-time:                             <ul style="list-style-type: none"> <li>▫ You automatically receive 2 times your Benefit Compensation coverage level without Evidence of Insurability (EOI).</li> </ul> </li> <li>■ Regular part-time:                             <ul style="list-style-type: none"> <li>▫ You automatically receive \$10,000 of coverage.</li> </ul> </li> </ul>

\* The enrollment election process for an employee rehired after 30 days follows the New Hire process.

\*\* For a regular full-time employee on overseas assignment for six months or more who becomes an eligible employee, such employee's coverage effective date is the date the employee's reclassification is effective.

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Benefit Plan	When Coverage Begins – Coverage Effective Date	Regular Enrollment Deadlines	Things to Consider
<p><b>Life Insurance and AD&amp;D Benefit</b></p> <ul style="list-style-type: none"> <li>■ Supplemental Life/AD&amp;D</li> <li>■ Spouse/Domestic Partner Life/AD&amp;D</li> <li>■ Child(ren) Life</li> </ul>	<ul style="list-style-type: none"> <li>■ If you are a newly hired eligible employee, or are rehired after 30 days of your last employment with UHG, the first day of the month following your hire date, if you are actively at work on that date, and subject to any EOI rules.*</li> <li>■ If you are rehired <i>within</i> 30 days of your last employment with UHG, your <i>previous elections will be reinstated.</i></li> <li>■ If you are reclassified as an eligible employee, the first day of the month following the date your reclassification is effective, if you are actively at work on that date, and subject to any EOI rules.**</li> <li>■ If you are not actively at work on your coverage effective date, your coverage begins automatically on the first date that you are actively at work, subject to any EOI rules.</li> </ul>	<ul style="list-style-type: none"> <li>■ Subject to EOI rules, you may enroll on or before your initial enrollment deadline (the 30th day following your hire date or reclassification as an eligible employee), during the annual Open Enrollment Period or at any other time.</li> <li>■ For certain levels of coverage, EOI is not needed for Supplemental or Spouse/Domestic Partner Life/AD&amp;D if you enroll on or before your initial enrollment deadline.</li> <li>■ Child(ren) Life is not subject to EOI.</li> </ul>	<p>Regular full-time:</p> <ul style="list-style-type: none"> <li>■ EOI is required if you enroll in Supplemental Life or Spouse/Domestic Partner Life Insurance over certain maximums or after your initial enrollment deadline.</li> </ul> <p>Any increase in automatic or elective coverage also is subject to EOI; the increased coverage will take effect the first of the month after the EOI is approved.</p> <p>Regular part-time:</p> <ul style="list-style-type: none"> <li>■ Not eligible.</li> </ul>

\* The enrollment election process for an employee rehired after 30 days follows the New Hire process.

\*\* For a regular full-time employee on overseas assignment for six months or more who becomes an eligible employee, such employee's coverage effective date is the date the employee's reclassification is effective.

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Benefit Plan	When Coverage Begins – Coverage Effective Date	Regular Enrollment Deadlines	Things to Consider
<b><i>Business Travel Accident (BTA) Insurance</i></b>	<ul style="list-style-type: none"> <li>■ If you are a newly hired eligible employee, or are rehired after 30 days of your last employment with UHG, your hire date.</li> <li>■ If you are reclassified as an eligible employee, the date your reclassification is effective.</li> </ul>	<ul style="list-style-type: none"> <li>■ You are automatically covered.</li> </ul>	<p>With BTA Insurance, you are covered any time you are traveling for business.</p>

## Changing Your Benefit Elections

### Annual Open Enrollment Period

- During the annual Open Enrollment Period, you have the opportunity to change your elections for the next calendar plan year for many of the benefits described in this Handbook. The annual Open Enrollment Period typically takes place in October, but may vary from year to year. Shortly before it begins, you will receive an email notification providing direction to enrollment materials that will help you make these decisions for you and your family. The enrollment materials describe the enrollment process, the actions you need to take, the deadlines that apply and what happens if you don't take action.
- The elections you make during the annual Open Enrollment Period generally go into effect on January 1 of the following calendar year, and remain in effect for the calendar year. Many of these elections cannot be changed midyear unless you experience a life event. The life event rules are explained in the "[Changing Elections Midyear](#)" subsection.

### Changing Elections during Annual Open Enrollment

For your convenience, the Company may carry over your elections during annual Open Enrollment. It is your responsibility to read UHG's annual Open Enrollment communications to understand whether you need to take action to make changes and the deadlines for making your elections.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.



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The benefit plans under which you can change your elections during an annual Open Enrollment Period include:

- Life Insurance: Supplemental Life/AD&D and Spouse/Domestic Partner Life/AD&D (increases subject to applicable EOI)
- Life Insurance: Child(ren) Life
- STD: Supplemental STD
- LTD (your election to be taxed on the premiums UHG pays for your coverage)

### Changing Elections Midyear

See also the “[Life Events](#)” section.

As a general rule, for benefit plans for which you make pre-tax contributions, federal tax law requires that once you make an election for you and your eligible dependents to be covered or not covered under the plan, that election is irrevocable and must remain in effect through December 31 of the year for which it was made. There are exceptions to this rule, however, and midyear changes to your elections for these pre-tax benefits are permitted when you experience certain life events and meet the consistency rule.

For the benefit plans for which you make after-tax contributions, you do not need to experience a life event or meet the consistency rule to make a midyear change in your coverage election; you may change your election at any time during the year subject to rules and conditions of the benefit plan. Refer to the applicable sections in this Handbook for more information.

### For Supplemental STD Coverage

Your pre-tax Supplemental STD Coverage election is irrevocable for the year. You can change your election only during the annual Open Enrollment Period. You cannot change your election during the one-year coverage period even if you experience a status change, unless the status change makes you ineligible for STD coverage.

### For LTD Coverage

Since the Company automatically provides coverage under the LTD plan to you, you do not elect your coverage and cannot change midyear. You may, however, change your election to have the premiums that the Company pays for your LTD coverage taxed to you. You are only permitted to change your taxation election during the annual Open Enrollment Period that occurs each year, and your election is effective for the following calendar year. Your taxation election for the year is irrevocable, and you cannot change it midyear for any reason.

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### For Supplemental Life and AD&D Coverage

You can start or stop coverage or change your coverage election at any time during the year, including the annual Open Enrollment Period. Because you pay for this coverage with after-tax payroll deductions, you are not restricted from electing midyear changes.

With certain elections, however, the insurer requires that you provide Evidence of Insurability (EOI), and the additional coverage will not be effective until you provide the EOI and the insurer approves your election. Read the [“Evidence of Insurability \(EOI\)”](#) subsection for more information.

If you have Supplemental Life Insurance without AD&D Benefit coverage or Spouse/Domestic Partner Life Insurance without AD&D Benefit coverage in effect, you may elect to add the AD&D Benefit coverage at any time during the year or the annual Open Enrollment Period. EOI is not required for the AD&D Benefit coverage. The AD&D Benefit coverage and applicable premium will become effective according to the midyear enrollment and coverage change elections provision mentioned next.

Midyear enrollment and coverage change elections for you or your eligible dependents, including those made during an annual Open Enrollment Period, will become effective as follows, provided you are actively at work:

- The first of the month following the date of an election to decrease or stop coverage;
- The first of the month following the date that the insurer approves any applicable EOI for an election to enroll or increase coverage (provided, however, that new or increased coverage elected during the annual Open Enrollment Period will be effective no earlier than the first day of the following plan year); or
- The first of the month following the date you get married, establish a domestic partner relationship or become a parent.

You must be actively at work to apply for or change coverage.

If you are not actively at work on the date that your coverage election is effective, your coverage will not be effective until the first day that you are actively at work.

## Life Events and the Consistency Rule

### Additional Limitations

While the [“Life Events”](#) section summarizes most of the rules that apply to your ability to change your elections for coverage under the benefit plans, it does not address all of the possible life event situations that you may encounter. Additional limitations may be imposed on your ability to make midyear changes as a result of certain life events. If you have questions regarding a change you wish to make to your benefit elections, you can contact HRdirect at 800-561-0861.

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## Consistency Rule

The tables in the “[Life Events](#)” section identify:

- The life events that permit you to change your coverage election midyear under these plans; and
- The general consistency rule that requires that the change you elect be both on account of and consistent with the life event that affects your or your eligible dependent’s eligibility for coverage.

Consistency rules vary for different types of benefits, and in some cases, special consistency rules apply to some of the life events.

For illustrations of how the consistency rule applies to several events that commonly occur in your work and home life, refer to the “[Life Events](#)” section.

## Election Changes Deadline and Effective Date

### Deadline for Election Changes

Generally, you must elect a change as a result of a life event during the 30-day period beginning on the date the life event occurs (60 days for a birth or adoption, divorce, or eligible dependent loses eligibility life event). See the “[Life Events](#)” section for details on the election deadlines for each event. If you do not elect your change within this time period, you will not be permitted to make the change.

For some life events, you will need to contact HRdirect at 800-561-0861. You may be required to provide supporting documentation substantiating the life event.

For the life events that result in the loss of eligibility for coverage under one or more of the benefit plans (i.e., your divorce, or your eligible dependent otherwise loses eligibility), if you don’t complete your election change online or contact HRdirect before the applicable deadline, premiums or contributions will continue to be deducted from your pay. Upon receiving notification of a previously eligible dependent being ineligible under a benefit plan, the Company reserves the right to cancel the ineligible person’s coverage retroactively and refund premiums for the period of ineligibility. Alternatively, if you notify HRdirect after the deadline, the Company may consider the date of your notice to be the date of the event and coverage for the ineligible person will end on the last day of the month. Continuation coverage will not be offered. Premiums will not be refunded.

### Effective Date of Election Changes

For most life events, your new election will be effective on the first day of the month following the date of the event. However, if the life event is the birth, adoption or placement for adoption of a child, your new coverage election will be effective on the date the life event occurred.

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## Eligibility Appeals

If you believe your eligibility or election to participate in a benefit plan has been administered improperly or denied incorrectly, you may request a review of the eligibility determination by contacting HRdirect at 800-561-0861 within 60 days of the denial. A decision will be provided within 60 days if all information needed to make a decision is provided. If you disagree with the review and response, you may request a final review by filing a written appeal with the plan administrator by contacting HRdirect at 800-561-0861 within 60 days of the date of the first-level denial letter. The plan administrator's Health & Welfare Claims Review Sub-Committee will review the facts, the reasons for the decision, and the information provided, and provide a decision within 60 days following their receipt of the appeal. If the plan administrator needs additional time to make a decision on your appeal, you will be notified in writing. The decision of the Health & Welfare Claims Review Sub-Committee is final and binding.

A separate appeal process may be available if your claim for benefits is denied. Your rights are explained in the "[Claim and Appeals Procedures — ERISA Plans](#)" section.

## When Coverage Ends

### For Eligible Employees

#### STD

Your coverage under the STD plan ends automatically on the date the earliest of the following occurs, except where ongoing coverage is required by law:

- The Company amends or terminates the benefit plan for any reason;
- Your employment with UHG ends for any reason (including retirement);
- You fail to pay required contributions when they are due, in which case coverage ends on the date for which you last paid required contributions;
- You cease to be eligible to participate in the specific benefit plan;
- The last day of a leave of absence during which coverage is required by a state-mandated family or medical leave act or law;
- The 90th day of a leave of absence that is approved by the Company in writing, including disability leave;
- The 90th day of an approved leave of absence, or
- The 90th day following your last day of active work.

**Note:** Premiums for Supplemental STD Coverage are not prorated. The full biweekly premium is deducted from your final paycheck.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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### LTD

Your coverage under the LTD plan automatically ends on the date the earliest of the following occurs:

- The Company terminates the LTD plan for any reason;
- The last period for which the Company made a premium contribution to the insurer;
- The LTD insurance policy is terminated for any reason;
- Your employment with the Company ends for any reason (including retirement);
- You cease to be eligible to participate in the LTD plan. However, your coverage will continue during the following periods when you are not Actively at Work, unless it ends under any of the above:
  - During a leave of absence if continuation of coverage is required by a state-mandated family or medical leave act or law;
  - During the first 90 days of a temporary leave of absence approved by the Company in advance and in writing. A period of disability is not a leave of absence;
  - During the Waiting Period;
- The last day of a leave of absence during which coverage is required by a state-mandated family or medical leave act or law;
- The 90th day of a leave of absence that is approved by the Company in writing, including disability leave; or
- The first day of an unapproved leave of absence.

### Life Insurance and AD&D

Generally, your coverage under the Life Insurance and AD&D Benefit plan automatically ends on the last day of the month in which the earliest of the following occurs (unless otherwise noted):

- The Company amends or terminates the benefit plan for any reason;
- Your employment with UHG ends for any reason (including retirement);
- You fail to pay required contributions when they are due, in which case coverage ends the date for which you last paid required contributions;
- After 60 months of your being a member of the armed forces on active duty, or to the extent coverage is continued under the Leave of Absence Continuation provision;
- You cease to be eligible to participate in the specific benefit plan; or

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- You cease to be Actively at Work, unless:
  - Active work ceases during an approved layoff or non-medical leave of absence, then Life Insurance and the AD&D Benefit will continue for up to 24 months from the date you stopped active work
  - Active work ceases due to a total disability, then Life Insurance may continue in accordance with the Waiver of Premium provision.

### ***Life Insurance—State Continuation Rights***

- In certain situations when you lose coverage under the Life Insurance and AD&D Benefit plan, residents of Minnesota have a right under Minnesota state law to elect to continue group life insurance coverage (not the AD&D Benefit) for 18 months. You pay the entire cost of the coverage yourself. Read the [“Life Insurance Continuation Rights”](#) subsection for more information.

### **Business Travel Accident (BTA) Insurance**

Your coverage under the Business Travel Accident (BTA) Insurance plan automatically ends on the date the earliest of the following occurs:

- The Company amends or terminates the benefit plan for any reason;
- Your employment with UHG ends for any reason (including retirement);
- You cease to be eligible for coverage under the BTA plan; or
- You commit fraud, or misrepresent or falsify information.

### **For Eligible Dependents**

Generally, your eligible dependents’ coverage under the Life Insurance plan automatically ends on the last day of the month in which the earliest of the following occurs (unless otherwise noted):

- UHG terminates the benefit plan for any reason;
- Your employment with UHG ends for any reason (including retirement);
- You fail to pay required contributions when they are due, in which case coverage ends the date for which you last paid required contributions;
- For Life Insurance and the AD&D Benefit plan, your covered eligible dependent becomes a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard;
- You cease to be eligible to participate in the specific benefit plan; or
- Your eligible dependent ceases to be an eligible dependent (including when your dependent child becomes age 26).

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### For Both Eligible Employees and Eligible Dependents

The plan administrator will provide prior written notice to you that your coverage will end on the date identified in the notice if you or your covered eligible dependent:

- Commits an act, practice or omission that constitutes fraud, or an intentional misrepresentation of a material fact including, but not limited to, false information relating to another person's eligibility or status as a dependent;
- Commits an act of physical or verbal abuse that imposes a threat to the plan administrator's staff, UnitedHealthcare's staff, a provider or another covered person.

Your coverage will end on the date that is determined by the plan administrator in its discretion.

**Note:** In addition to termination of coverage, the Company may also take appropriate disciplinary actions, up to and including termination of employment.

### If Your Disability Leave Extends beyond 90 Days

If your approved disability leave of absence extends beyond 90 days, your STD plan and LTD plan coverage ends on the 90th day. However, if you are receiving STD benefits or LTD benefits at the time your coverage ends, you will continue to be eligible for STD benefits or LTD benefits for as long as you continue to be disabled under the provisions of the STD and LTD plans in effect at the commencement of your disability.

#### ***Right to Continue Benefits When Employment Ends***

In certain situations, when you lose coverage under the Life Insurance plan and reside in Minnesota, you have a similar right under applicable state law to elect to continue your group life insurance coverage. Otherwise, you may convert to an individual life insurance policy.

Read the "[Life Insurance Continuation Rights](#)" subsection for more information.

### Leaves of Absence

In general, your benefits continue while you are on a leave of absence and require continued premium remittance for the continuation. If you receive pay through Short-Term Disability (STD) or Paid Time Off (PTO), your benefit deductions will continue to be withheld from your paycheck. For the period of any unpaid leave of absence less than six months, missed premium deductions will accumulate in arrears until your paychecks resume.

After six months, we no longer support paycheck deductions. If you remain out on a leave of absence longer than six months, you must submit monthly benefit premiums through a direct bill process. You will be mailed a letter to your home address with instructions for payment and premium information.

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Coverage under the STD and LTD plans, however, ends on the 90th day of your not being actively at work (e.g., on an approved leave).

For more information about the impact of a leave of absence on your benefit plan coverage, see Benefits During a Leave of Absence, located on The Hub under “Policies” and “Leaves and Disability” at <https://hub.uhg.com/policies/human-capital/leaves-disability/Benefits-While-on-Leave-of-Absence/139>. These events include:

- Receiving disability benefits and are still employed by UHG.
- Taking a leave of absence.
- Taking leave under the Family and Medical Leave Act (FMLA).

### If You Become Disabled

If you become disabled, notify your supervisor and call Sedgwick immediately. The following outlines how your benefits coverage is affected by becoming disabled and not actively at work. See the “[Disability Coverage](#)” section for more information.

### If You Take an Approved Paid Leave of Absence

If you plan to take a Company-approved leave of absence, your benefits generally will continue. If you take a paid leave, your contributions will continue to be taken out of your paycheck.

### If You Take an Approved Unpaid Leave of Absence

If you take an approved unpaid leave of absence, your benefits will continue and any missed premium deductions will accumulate in arrears until your paychecks resume.

You can make certain changes consistent with the unpaid leave of absence.

#### **Military Leave**

If you take a military leave, see the Military Leave of Absence policy on The Hub under Policies at <https://hub.uhg.com/policies/human-capital/leaves-disability/Military-Leave-Absence/272>.

Coverage continues during your military leave unless you gain coverage through the military and timely request a life event change through HRdirect during the 30-day period beginning on the date you gain military coverage.

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Benefit Plans	What Happens to Your Coverage during an Approved Unpaid Leave of Absence
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Your coverage continues.</li> </ul> <p><b>Supplemental, Spouse/Domestic Partner and Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ Your coverage continues as long as you continue to pay premiums.</li> </ul>
<p><a href="#">BTA Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>
<p><a href="#">Disability</a></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Your coverage continues for up to 90 days while you are not actively at work. After 90 days of not being actively at work, your coverage ends.</li> </ul>

## Cost of Coverage and Benefits

The Company makes a substantial investment in the benefit plans we offer. For some benefit plans, UHG pays the entire cost of coverage. For others, you and UHG share in the cost of coverage and/or the cost of the benefits that are paid under the plan. For still others, your contributions or premium payments alone provide the coverage and/or the benefits under the plan. Some of your contributions are made with pre-tax payroll deductions, and others are made with after-tax payroll deductions. See the “[Cost Sharing](#)” chart for more information.

### For STD Coverage

The Company pays the full cost of your Basic STD Coverage. You pay the cost of your Supplemental STD Coverage through pre-tax deductions from your biweekly paychecks (Puerto Rico employees pay the cost on an after-tax basis). The cost of Supplemental STD Coverage is a percentage of your predisability earnings and is announced during the annual Open Enrollment Period. While the percentage of predisability earnings remains the same for the year, the specific amount that is deducted from your biweekly paycheck will change whenever your predisability earnings change. The cost of the Supplemental STD Coverage will be waived while STD benefits are payable to you.

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### For LTD Coverage

The Company pays the full premium cost for your coverage under the LTD plan.

Benefits paid from the LTD plan are normally taxable income to you. However, if you make the election to have the premiums taxed as income to you according to certain special rules and become disabled while that election is in effect, the LTD benefits you receive under the plan (as reduced by deductible income, including income or benefits received from other sources) may not be taxable income to you.

See the “[LTD Taxation Election](#)” subsection for more information.

### For Life and AD&D Coverage

UHG pays the full cost of your Basic Life with AD&D coverage under the Life Insurance and AD&D Benefit plan.

You pay premiums for any Supplemental Life with or without AD&D coverage, Spouse/Domestic Partner Life with or without AD&D coverage, or Child(ren) Life Coverage that you elect through after-tax deductions from your biweekly paychecks.

- If you enroll on or before your initial enrollment deadline, your premiums for Supplemental Life with or without AD&D coverage are determined by your age and tobacco-use status as of your hire date and the dollar amount of coverage you are approved for.
- If you enroll after your initial enrollment deadline and before January 1 of the next year, your premiums for Supplemental Life with or without AD&D coverage are determined by your age and tobacco-use status on your hire date and the dollar amount of coverage you are approved for.
- In subsequent years, your premiums for Supplemental Life with or without AD&D coverage are determined by your age and tobacco-use status on January 1 of each year and the dollar amount of coverage in effect.
- If you enroll on or before your initial enrollment deadline, your premiums for Spouse/Domestic Partner Life with or without AD&D coverage are determined by your spouse's/domestic partner's age and tobacco-use status as of your hire date and the dollar amount of coverage your spouse/domestic partner is approved for.
- If you enroll after your initial enrollment deadline and before January 1 of the next year, your premiums for Spouse/Domestic Partner Life with or without AD&D coverage are determined by your spouse's/domestic partner's age and tobacco-use status on your hire date and the dollar amount of coverage your spouse/domestic partner is approved for.
- In subsequent years, your premiums for Spouse/Domestic Partner Life with or without AD&D coverage are determined by your spouse's/domestic partner's age and tobacco-use status on January 1 of each year and the dollar amount of coverage in effect.

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- Your premium for Child(ren) Life coverage is a “flat rate” that is charged per biweekly pay period for the coverage level you elect. The flat rate remains the same regardless of the number of children you enroll.
- The premium cost of Supplemental Life with or without AD&D Benefit coverage, Spouse/Domestic Partner Life with or without AD&D Benefit coverage, and Child(ren) Life coverage varies each year based on the Company’s claims experience and the expected cost of life insurance.

The employee premiums for Supplemental Life with or without AD&D Benefit coverage, Spouse/Domestic Partner Life with or without AD&D Benefit coverage, and Child(ren) Life coverage are announced during the annual Open Enrollment Period that precedes the year.

You and/or your spouse/domestic partner must be tobacco-free for at least 12 months in order to elect the tobacco-free premiums. If you have used tobacco within the last 12 months, you must elect the tobacco premiums. You may call HRdirect to change your tobacco-use status at any time during the year if you meet this requirement. Your premium will change prospectively the first of the month following the date you change your tobacco-use status.

## For Business Travel Accident Coverage

The Company pays the full cost of your coverage under the BTA plan. Neither the premiums the Company pays on your behalf nor the benefits you or your beneficiary receives are taxable to you.

## Cost Sharing

Cost Sharing	Benefit Plan	You Pay with Pre-Tax or After-Tax Payroll Deductions
<b><i>The Company Pays the Entire Cost of...</i></b>	<ul style="list-style-type: none"> <li>■ Basic coverage under the STD plan</li> <li>■ Coverage under the LTD plan</li> <li>■ Basic Life/AD&amp;D coverage under the Life Insurance plan</li> <li>■ Coverage under the BTA plan</li> </ul>	Not applicable
<b><i>You Pay the Entire Cost of...</i></b>	<ul style="list-style-type: none"> <li>■ Supplemental coverage under the STD plan</li> </ul>	You pay for your coverage or contributions through pre-tax payroll deductions.
<b><i>You Pay the Entire Cost of...</i></b>	<ul style="list-style-type: none"> <li>■ Supplemental Life/AD&amp;D, Spouse/Domestic Partner Life/AD&amp;D, and Child(ren) Life coverage under the Life Insurance plan</li> </ul>	You pay for your coverage or contributions through after-tax payroll deductions.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.

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Federal tax law requires that elections made when you are newly eligible or during annual Open Enrollment cannot be changed through the plan year for which they are made. Certain events in your life can affect your eligibility for benefits, and may offer you the opportunity to make changes to your coverage outside of annual Open Enrollment. Most of the life events in this section are considered exceptions and permit you to make changes upon timely notice during the 30-day period beginning on the event date and if the changes meet the consistency rule. You may be requested to provide documentation for your life event.

For detailed information about certain benefits or election options, click on the plan name to open the plan section in this Handbook. You should also review the “[Eligibility and Enrollment](#)” subsection for detailed information about who is eligible for benefits and how and when to enroll.

To make a change due to a life event, log in to the Benefits Site at <http://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.

***When Using This Section, Please Remember...***

This section provides an overview of a number of life events, and does not include a comprehensive list of qualified status changes that may allow you to enroll in, change or drop coverage under UHG plans.

Because of the length of some plan names, we also use the following acronyms for these benefits:

- BTA — for the Business Travel Accident Insurance plan
- LTD — for the Long-Term Disability plan
- STD — for the Short-Term Disability plan

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## If Your Employment Status (Hours) Changes

### Events:

- Part-time to full-time
- Full-time to part-time
- Fewer than 20 hours to more than 20 hours
- More than 20 hours to fewer than 20 hours

If you change from regular full-time employment status to regular part-time, or vice versa, you must contact HRdirect during the 30-day period beginning on the date your employment status changes if you wish to make a change to your benefits consistent with the change in employment status eligibility. See eligibility in the “[Eligibility and Enrollment](#)” subsection.

Your benefit change and biweekly paycheck deduction change become effective on the first of the month following the date of your employment status change. Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

You will have the opportunity to make changes each year during the annual Open Enrollment Period, or following an applicable qualified life event.

The following table outlines how your benefits coverage is affected when your employment status changes.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Disability</a></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coverage and contribution levels are not affected.</li> <li>■ If your regularly scheduled hours are reduced to fewer than 20 hours per week, then coverage ends.</li> </ul>	<p>Not applicable.</p>

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>If You Change to Regular Full-Time Status:</b></p> <p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage automatically increases to 2 times your benefit compensation.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll when initially eligible at \$500,000 or less, or 2 times benefit compensation or less, without EOI.</li> <li>■ Increase amount above \$500,000 or to 3 times, 4 times or 5 times your benefit compensation, subject to EOI.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll your spouse/domestic partner when initially eligible, at \$50,000 or less without EOI.</li> <li>■ Increase (subject to EOI), decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll, increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> </ul>	<p>If you increase Supplemental Life or Spouse/Domestic Partner Life Insurance coverage — or enroll after the initial eligibility period — you are subject to Evidence of Insurability (EOI).</p> <p>The increased amount will not become effective until the first of the month following approval.</p>

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<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>If You Change to Regular Part-Time Status:</b></p> <p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Your Basic Life Insurance coverage will automatically reduce to \$10,000.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You are not eligible; coverage is automatically canceled beginning with the first of the month following the date of your employment status change.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You are not eligible; coverage is automatically canceled beginning with the first of the month following the date of your employment status change.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You are not eligible; coverage is automatically canceled beginning with the first of the month following the date of your employment status change.</li> </ul>	
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If You Get Married or Establish a Domestic Partnership

### Events:

- Marriage
- Establish a domestic partnership

You must go online or contact HRdirect during the 30-day period beginning on the date of your marriage (or the date you first satisfy the domestic partner criteria) if you wish to make a change to your benefits and the change is consistent with the marriage or domestic partner relationship. After that, you will have the opportunity to make changes each year during the annual Open Enrollment Period, or following an applicable qualified life event.

Your benefit change and biweekly paycheck deduction change become effective on the first of the month following your date of marriage (or the date you first satisfy the domestic partner criteria). Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

The following table outlines how your coverage is affected if you get married or attain domestic partnership status:

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#"><u>Disability</u></a></p> <ul style="list-style-type: none"> <li>■ <a href="#"><u>STD</u></a></li> <li>■ <a href="#"><u>LTD</u></a></li> </ul>	<ul style="list-style-type: none"> <li>■ No change is permitted for this event.</li> </ul>	<p>Review your needs during the next annual Open Enrollment Period.</p>

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can increase (with EOI), decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll your spouse/domestic partner when initially eligible, at \$50,000 or less without EOI.</li> <li>■ Increase (subject to EOI), decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll your eligible dependent child(ren) when initially eligible, without EOI.</li> <li>■ Increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> </ul>	<p>For Employee Supplemental Life, any increase in coverage is subject to Evidence of Insurability (EOI), and the increase will take effect the first of the month after the EOI is approved.</p> <p>For Spouse/Domestic Partner Life Insurance, your Spouse/Domestic Partner is not subject to EOI for amounts of \$50,000 or less if you add your new Spouse/Domestic Partner during the 30-day period beginning on the date you marry or form a domestic partnership. Any amounts above \$50,000 are subject to EOI and will not take effect until the first of the month after the EOI is approved.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If You Gain a Dependent Child

### Events:

- Birth, adoption or placement for adoption
- Judgment, decree or court order (e.g., Qualified Medical Child Support Order — QMCSO) requiring employee to provide health coverage for dependent child

If you wish to make a change to your benefits consistent with the gain of a dependent child, you must go online or contact HRdirect during the 60-day period beginning on the date of the birth, adoption or placement for adoption. You must take steps to add a new dependent child even if you already have other dependent coverage in effect. After that, you will have the opportunity to make changes each year during the annual Open Enrollment Period, or following an applicable qualified life event.

Your benefit change becomes effective on the date of the dependent child’s birth, adoption or placement for adoption. Your biweekly paycheck deduction change, if applicable, becomes effective on the first paycheck following the date of the dependent child’s birth, adoption or placement for adoption. Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

If you are adopting a child and you work at least 20 hours per week, the Company offers the Adoption Assistance Plan, as described in the *Reimbursement, Voluntary, and Other Benefits Handbook*.

The following table outlines how your coverage is affected when you gain a dependent child.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><u><a href="#">Disability</a></u></p> <ul style="list-style-type: none"> <li>■ <u><a href="#">STD</a></u></li> <li>■ <u><a href="#">LTD</a></u></li> </ul>	<ul style="list-style-type: none"> <li>■ No change is permitted for this event.</li> </ul>	<p>Review your needs during the next annual Open Enrollment Period.</p>

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can increase coverage (subject to EOI) or decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Increase (subject to EOI), decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll, increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> </ul>	<p>Any increase in Supplemental Life or spouse/domestic partner coverage is subject to Evidence of Insurability (EOI), and the increase will take effect the first of the month after the EOI is approved.</p> <p>Decide whether you want to enroll your newly eligible dependent child(ren) for Child(ren) Life Insurance.</p> <p>For Child(ren) Life Insurance, your newly eligible dependent child(ren) is not subject to EOI.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If You Divorce or Your Domestic Partnership Ends

### Events:

- Divorce, legal separation, annulment or end of domestic partnership

You must contact HRdirect during the 60-day period beginning on the date of your divorce, legal separation or annulment (including ending domestic partnership) if you wish to make a change to your benefits consistent with the divorce, legal separation or annulment or the end of domestic partnership. See "[Election Changes Deadline and Effective Date](#)" regarding ineligible dependents.

If you notify HRdirect within 60 days, your benefit change and biweekly paycheck deduction change become effective on the first of the month following your date of divorce, legal separation or annulment, or the date your domestic partnership terminates. Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

The following table outlines how your benefits coverage is affected when you end your marriage or domestic partnership.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<a href="#">Disability</a> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ No change is permitted for this event.</li> </ul>	Review your needs during the next annual Open Enrollment Period.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can increase (with EOI), decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can increase (with EOI), decrease or cancel coverage at any time, for any reason.</li> <li>■ You will need to cancel any coverage you have for your ex-spouse/domestic partner.</li> </ul> <p><b>Child(ren) Life</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll, increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> </ul>	<p>Determine your insurance needs based on your new situation.</p> <p>Review your beneficiary designation and designate a new beneficiary(ies) to ensure benefits are paid as you want them to be.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.

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## If You or Your Spouse/Domestic Partner or Dependent Gains/Loses Coverage under Another Group Plan

### Events:

- Gain eligibility under another group plan
- Lose eligibility under another group plan
- Lose premium subsidy under another group plan

You must contact HRdirect during the 30-day period beginning on the date the other coverage began or ended if you wish to make a change to your benefits consistent with your or your spouse's/domestic partner's or dependent's gain or loss of coverage under another employer's group plan. This includes a loss of employer premium subsidy for coverage under another employer's group plan.

Your benefit change and biweekly paycheck deduction change become effective on the first of the month following the beginning or end of the other coverage. Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

You will have the opportunity to make changes each year during the annual Open Enrollment Period, or following an applicable qualified life event.

The following table outlines how your benefits coverage is affected when coverage under another group plan is involved.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><u><a href="#">Disability</a></u></p> <ul style="list-style-type: none"> <li>■ <u><a href="#">STD</a></u></li> <li>■ <u><a href="#">LTD</a></u></li> </ul>	<ul style="list-style-type: none"> <li>■ No change is permitted for this event.</li> </ul>	<p>Not applicable.</p>

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage at any time, for any reason, without EOI.</li> </ul>	<p>If you increase coverage or enroll after the initial eligibility period, you are subject to Evidence of Insurability (EOI).</p> <p>The increased amount will not become effective until the first of the month following approval.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.



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## If Your Spouse's/Domestic Partner's Employer's Plan Changes

If your spouse/domestic partner changes coverage under his or her employer's plan, you can make certain prospective changes to your coverage as shown in the following table if the following conditions are met:

- The changes to your coverage are due to, and correspond with, a permitted change made under your spouse's/domestic partner's employer's group health plan (for example, if your spouse's/domestic partner's employer removes or decreases a benefit or adds a new benefit option midyear and your spouse/domestic partner can and does elect coverage under the new option); or
- Your spouse/domestic partner elects coverage under his or her employer's group plan during that plan's annual enrollment period, if the annual enrollment period is different from the Company's annual Open Enrollment Period.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Disability</a></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coverage and contribution levels are not affected.</li> </ul>	
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><i>Coverage is not affected by this event. However, you may make the following changes during the year.</i></p> <p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage at any time, for any reason, without EOI.</li> </ul>	<p>If you increase coverage or enroll after the initial eligibility period, you are subject to Evidence of Insurability (EOI).</p> <p>The increased amount will not become effective until the first of the month following approval.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If Your Dependent Child Loses Eligibility for Coverage

### Event:

- Child turns age 26

Unless he or she is disabled, if your dependent child turns age 26, you must go online or contact HRdirect during the 60-day period beginning on the date eligibility is lost if you wish to make a change to your benefits consistent with the change in your dependent's eligibility for coverage. See "[Election Changes Deadline and Effective Date](#)" regarding ineligible dependents.

If you notify HRdirect within 60 days, your benefit change and biweekly paycheck deduction change become effective on the first of the month following the date of loss of eligibility. Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

The following table outlines how your benefits coverage is affected when your dependent's eligibility changes.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><u><a href="#">Disability</a></u></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	<p>Not applicable.</p>

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can enroll, increase (subject to EOI), decrease or cancel coverage at any time, for any reason.</li> <li>■ You will need to cancel coverage you have for the spouse/domestic partner losing eligibility.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You can enroll, increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> <li>■ You will need to cancel coverage you have for the child losing eligibility.</li> </ul>	<p>If you increase coverage or enroll after the initial eligibility period, you are subject to Evidence of Insurability (EOI).</p> <p>The increased amount will not be in effect until the first of the month following approval.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If You Move to a New Resident Address

Moving is considered a qualified status change or life event, meaning that you can make certain adjustments to your benefits if the change is consistent with the move. If you don't enroll or make changes to certain benefits during the 30-day period beginning on your move date, you must wait until the next Open Enrollment Period or until you have another life event to enroll or make changes.

When you move, remember to update your address on Global Self Service (GSS). If you move out of state, you must complete a new IRS Form W-4, where applicable.

The following table outlines how your coverage is affected if you move.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><b><u>Disability</u></b></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ You cannot make changes to your coverage as a result of this event.</li> </ul>	Not applicable.
<p><b><u>Life and AD&amp;D Insurance</u></b></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental and Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You can change your coverage (with EOI) at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <p><i>You can:</i></p> <ul style="list-style-type: none"> <li>■ Enroll, increase, decrease or cancel coverage at any time, for any reason, without EOI.</li> </ul>	If you increase coverage, you are subject to Evidence of Insurability (EOI), and the increased amount will not be in effect until the first of the month following approval.
<p><b><u>Business Travel Accident Insurance</u></b></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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## If You or Your Dependents Gain/Lose Eligibility for Medicaid/Medicare

### Events:

- Dependent gains coverage
- Dependent loses coverage

Contact HRdirect during the 60-day period beginning on the date of change in Medicare eligibility, or the date of change in Medicaid eligibility, if you wish to make a change to your benefits consistent with the change in eligibility. Your benefit change and any change in biweekly payroll deductions become effective on the first of the month following the date of eligibility.

Any retroactive benefit premiums will be adjusted as applicable on your first available biweekly paycheck for any previous paycheck dates that occurred on or after your benefits effective date.

The following table outlines how benefits coverage is affected by a change in eligibility for Medicaid/Medicare.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><b><u>Disability</u></b></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ No change is permitted for this event.</li> </ul>	Not applicable.
<p><b><u>Life and AD&amp;D Insurance</u></b></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You may increase coverage (subject to EOI) or decrease or cancel coverage at any time, for any reason.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You may increase (subject to EOI) or cancel coverage at any time, for any reason.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You may increase or cancel coverage at any time, for any reason, without EOI.</li> </ul>	If you increase coverage, you are subject to Evidence of Insurability (EOI), and the increased amount will not be in effect until the first of the month following approval.
<p><b><u>Business Travel Accident Insurance</u></b></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

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## If Death Occurs While You Are Actively Employed

### Event:

- Death of employee

If you die while employed by a participating employer, benefit termination processing is automatic based on the date of your death.

Your biweekly paycheck deduction(s) will continue through your last paycheck of the month of your death. A continuation coverage enrollment notice will be mailed to your impacted eligible covered dependent(s) and will contain information applicable to dependent coverage at your death.

You are responsible for making sure that your beneficiary designation is up to date and that information on your beneficiaries is current.

The following table outlines how coverage is affected if you die. At the end of the table, there is information on how coverage is affected if your spouse or child dies.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><b><u>Disability</u></b></p> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coverage ends.</li> </ul>	<p>If you die while you are receiving LTD benefits, your spouse/domestic partner or your spouse's/domestic partner's unmarried children under age 25 may be eligible for a one-time payment from the LTD plan.</p>
<p><b><u>Life and AD&amp;D Insurance</u></b></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<ul style="list-style-type: none"> <li>■ Your designated beneficiary(ies), if any, is entitled to the proceeds of your Basic and Supplemental Life Insurance coverage, subject to certain restrictions.</li> <li>■ If your death is the direct result of a covered accident, Basic and Supplemental AD&amp;D benefits may be paid to your beneficiary(ies), subject to certain restrictions.</li> <li>■ If applicable, Spouse/Domestic Partner Life and/or Child(ren) Life Insurance coverage continues until the last day of the month of your death. Minnesota residents may elect to continue coverage. Conversion is available for residents of other states.</li> </ul>	<p>Your beneficiary must file a claim within 30 days from the date of your death or as soon as reasonably possible.</p> <p>Make sure you have designated beneficiary(ies). If you have not, your default beneficiary(ies) will be entitled to your life insurance proceeds.</p>

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<a href="#">Business Travel Accident Insurance</a>	<ul style="list-style-type: none"> <li>■ Your designated beneficiary(ies), if any, is entitled to the proceeds of your Business Travel Accident Insurance coverage, subject to certain restrictions.</li> <li>■ If your death is the direct result of a covered accident, benefits may be paid to your beneficiary(ies), subject to certain restrictions.</li> <li>■ If applicable, coverage for your spouse/domestic partner and/or child(ren) continues until the last day of the month of your death.</li> </ul>	

## If an Eligible Dependent’s Death Occurs

### Events:

- Death of spouse
- Death of domestic partner
- Death of child

If your spouse/domestic partner or dependent child dies while you are employed by a participating employer, your benefit coverage may be impacted. Coverage for the dependent ends on the date of your dependent’s death. The following table outlines how coverage is affected if your spouse/domestic partner or dependent child dies. You can make changes if the changes are consistent with the loss of your spouse/domestic partner or dependent child.

Benefit Plans	What Happens to Your Coverage	Things to Consider
<a href="#">Disability</a> <ul style="list-style-type: none"> <li>■ <a href="#">STD</a></li> <li>■ <a href="#">LTD</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.

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Benefit Plans	What Happens to Your Coverage	Things to Consider
<p><a href="#">Life and AD&amp;D Insurance</a></p> <p><b>Note:</b> Regular part-time employees are <i>not</i> eligible for Supplemental Life, Spouse/Domestic Partner Life or Child(ren) Life Insurance.</p>	<p><b>Basic Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Your coverage is not affected.</li> </ul> <p><b>Supplemental Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ Your coverage is not affected.</li> </ul> <p><b>Spouse/Domestic Partner Life/AD&amp;D</b></p> <ul style="list-style-type: none"> <li>■ You will need to cancel coverage for the deceased spouse/domestic partner.</li> <li>■ You may be entitled to a benefit from the plan. You need to file a claim within 30 days from the death and provide proof of death.</li> </ul> <p><b>Child(ren) Life</b></p> <ul style="list-style-type: none"> <li>■ You will need to cancel coverage for the deceased dependent child.</li> <li>■ You may be entitled to a benefit from the plan. You need to file a claim within 30 days from the death and provide proof of death.</li> </ul>	<p>You should review your beneficiary designation and make any appropriate changes.</p>
<p><a href="#">Business Travel Accident Insurance</a></p>	<ul style="list-style-type: none"> <li>■ Coverage is not affected by this event.</li> </ul>	

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.



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UnitedHealth Group Incorporated (the Company) provides you with disability coverage to help provide financial protection against the loss of your income. Short-Term Disability (STD) and Long-Term Disability (LTD) benefits replace a portion of your pay if you are unable to work because of an approved illness or injury.

To help you understand these benefit plans, this section of the Handbook covers the following topics:

- [Short-Term Disability](#)
- [Long-Term Disability](#)

### **Questions?**

If you have questions about your STD or LTD plan benefits, visit the Benefits Site at <https://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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This *Short-Term Disability plan* section, together with the [“Introduction”](#) section, [“Eligibility and Enrollment”](#) section, [“Administrative Information”](#) section, and applicable defined terms in the [“Glossary”](#) section of the Handbook, constitute the Summary Plan Description (SPD) for the STD plan.

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## How the STD Plan Works

The STD plan may provide income protection and pay benefits when the plan administrator determines that you are disabled (i.e., you are unable to perform the material duties of your own occupation because of a non-work-related medical condition, and you are receiving regular and appropriate care from a physician) while you are covered under the plan. Material duties are the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

- You must complete an STD waiting period before the plan pays benefits.
- If you live in California, the District of Columbia, Rhode Island, Washington or Puerto Rico, you must apply directly to your state disability program for state disability income before the STD plan will pay benefits.
- Employees who work in Massachusetts, New Jersey or New York will have their state disability benefits managed by Sedgwick Claims Management Services (Sedgwick).
- Employees who work in Hawaii will have their state disability benefits managed by Sedgwick and Hartford Life and Accident Insurance Company (The Hartford).
- Your STD benefits may be reduced by benefits you receive or are eligible to receive from other sources.
- The benefits that you receive under the plan are taxable compensation and subject to payroll tax withholding.

### When STD Benefits Are Paid

The STD plan pays benefits only after the plan administrator determines that you are disabled, as described in the [“When You Are Disabled”](#) subsection, and that you have satisfied the STD waiting period.

### How Employment Termination Affects Disability Benefits

#### *Termination during the STD Benefit Waiting Period*

If your employment ends for any reason during the STD waiting period and before STD benefits are payable, your STD claim will end, and you will not be eligible for STD benefits.

#### *Voluntary Termination*

If you voluntarily terminate your employment, and at that time you are receiving STD benefits, your benefit payments will stop as of your employment termination date. Voluntary termination includes retirement.

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### *Involuntary Termination*

If your employment ends involuntarily while you are receiving STD benefits, your STD benefits will continue provided you continue to be disabled, so long as the involuntary termination is determined not to be for cause. If your employment ends due to an involuntary termination for cause, and at that time you are receiving STD benefits, your benefit payments will stop as of your employment termination date.

## Your STD Coverage

This section provides additional information about the following topics:

- [STD Coverage and Benefits](#)
- [When STD Benefits Begin](#)
- [When You Are Disabled](#)
- [Benefits Reduced by Other Disability Income](#)
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### STD Coverage and Benefits

The STD plan automatically provides Basic STD coverage, which pays a benefit of 60% of your predisability earnings when you are disabled. You may elect to purchase Supplemental STD coverage of an additional 20% of your predisability earnings, which increases your potential benefit to 80% of your predisability earnings. Enrollment and purchase of the Supplemental STD coverage does not guarantee approval of STD claim payments.

Whichever level of coverage you have, the benefit payable is offset or reduced by other disability-related benefits you may be eligible to receive.

### When STD Benefits Begin

The STD plan pays benefits only after the claims administrator determines that you are disabled, and you have been disabled for a period of five consecutive business days (which is also a seven-consecutive-calendar-day period) during which you remain employed with UnitedHealth Group. This is the STD waiting period.

Once you complete the STD waiting period, payment of your benefits under the plan begins as soon as administratively feasible, and according to your regular payroll schedule.

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During the STD waiting period:

- If you work partial or full days, they do not count toward the STD waiting period, and the STD waiting period starts over for you after each partial or full day that you work; and
- You do not receive compensation unless you use any Paid Time Off (PTO) balances that are available to you. Read “Leaves of Absence” on The Hub at <https://hub.uhg.com/policies/human-capital/leaves-disability> for more information about the requirement that you use PTO balances during your STD waiting period.

### When You Are Disabled

Sedgwick determines whether or not you are disabled as defined by the STD plan. You are considered disabled when all of the following conditions are met:

- You have been seen face-to-face (including a tele-visit) by a physician about your disability within 10 business days of the first day of absence related to the disability leave of absence;
- Your physician has provided medical evidence that supports your inability to perform the material duties of your own occupation. (Note: Medical evidence may be office visit notes, objective clinical findings, etc. A note from a doctor giving a date range such as “off work from x date to y date” is not medical evidence.);
- You are under the regular and appropriate care of a physician; and
- Your medical condition is not work-related and is a medically determinable impairment.

#### **Maternity Claim Exception**

You may be considered disabled if you provide medical evidence of your delivery date and delivery type directly to the claims administrator.

Application of this exception is at the discretion of the claims administrator.

If you file a claim because of a mental disorder, regular and appropriate care requires that you be in active treatment with a mental health provider (at least two times per month with a mental health provider).

During your disability you may be asked to see a physician for a Functional Analysis Review. If you refuse or do not proceed for any reason, other than your disability, you will be responsible for any fees incurred with the physician.

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### Benefits Reduced by Other Disability Income

Your benefits under the STD plan are reduced by the full amount of any benefits related to your disability that you receive or are eligible to receive from any other source including but not limited to:

- Social Security disability benefits that are available to you;
- State disability income benefits (for more information, read “State Disability Benefits” below);
- Automobile insurance disability pay;
- Benefits you are eligible for under any compulsory benefit act or law;
- Benefits you are eligible for from another group disability plan or program;
- Payments you receive as a result of any personal injury claims or lawsuits; or
- Benefits you are eligible for from the military or any other armed forces.

To avoid overpayments that you will be responsible for repaying to UnitedHealth Group, call HRdirect at 800-561-0861 if you are receiving or expect to receive disability benefits from any of these or any other sources.

### State Disability Benefits

If you are employed in California, the District of Columbia, Rhode Island, Washington or Puerto Rico, you must apply for state disability income benefits (SDI benefits) at the same time that you claim benefits under the STD plan. Instructions on how to apply for state disability benefits will be provided to you when you apply for STD benefits. Any SDI benefits you receive or are eligible to receive offset and reduce your STD benefits, which means that:

- If you receive SDI benefits that are greater than the benefits payable to you under the STD plan, the STD plan will not pay benefits to you; and
- If you receive SDI benefits that are less than the benefits payable to you under the STD plan, the STD plan will pay the difference to you.

If you are eligible for SDI benefits from these states, you must provide the claims administrator a copy of the notice you receive from the applicable state office that your application for SDI benefits has been approved or denied. If you do not provide such notice, and/or until you supply this notice, the claims administrator will deduct the maximum state benefit from your STD benefits. Once the claims administrator receives the notice, your benefits would be adjusted retroactively if you are receiving less than the maximum state benefit.

If you are employed in New York or New Jersey, SDI benefits will be processed in coordination with The Hartford. If you are employed in the state of Hawaii, SDI benefits will be processed by The Hartford. SDI benefits from these states are also an offset to your STD benefits and will reduce your STD benefits as outlined in this section.

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## The STD Plan's Right to Subrogation

If STD benefits are paid or payable to you under the STD plan as the result of any act or omission of a third party, the plan will be subrogated to all rights of recovery you may have in respect to such act or omissions.

You must avoid doing anything that would prejudice the plan's right of subrogation.

If you notify the claims administrator before filing suit or settling your claim against such a third party, the amount to which the plan is subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If a suit or action is filed, the plan may record a notice of payments of STD benefits, and such notice will constitute a lien on any judgment recovered.

If you or your legal representative fails to bring suit or action promptly against a third party, the plan may institute such a suit or action in its name or in your name. The plan will be entitled to retain from any judgment recovered the amount of STD benefits paid or to be paid to you or on your behalf, together with its costs of recovery, including attorney fees. The remaining recovery, if any, will be paid to you or as the court may direct.

## STD Benefit Payments

### How STD Benefits Are Paid

The Company pays STD benefits to you in a regular biweekly paycheck on the regular payroll schedule that would otherwise apply to you if you were actively at work, and withholds from your biweekly paychecks any premiums for and contributions to any benefit plans and programs in which you participate. Any benefits you receive under the STD plan are taxable in the same manner that your regular compensation is taxable. Therefore, the Company withholds applicable income and payroll taxes before paying benefits to you.

### Overpayments or Underpayments

It is possible that the STD plan may overpay or underpay you. Overpayments or underpayments may occur as a result of:

- Retroactive approvals for Social Security, workers' compensation or state disability benefits;
- New information involving other disability income sources;
- Noncompliance with the terms of your repayment agreement;
- Changes to the time period previously approved by Sedgwick based on medical information it receives; and
- Administrative errors (which include the wrongful receipt of your regular biweekly paycheck during your leave of absence).

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If you think that you have received an overpayment or underpayment, report it to Sedgwick at 866-697-8122 immediately for review and appropriate action. The Company may reimburse you for any underpayments. The Company has a right to be reimbursed for any overpayments it makes to you regardless of the reason for the overpayment. The Company will collect overpayments first by reducing or offsetting them against your available STD benefits, time away from work balances, future wages and any other monies that it owes to you to the extent permitted by applicable law. If necessary, the Company will discuss repayment options with you, use the services of a collection agency or take legal action to correct the overpayment.

### Duration of STD Benefits

Your benefits under the STD plan begin after you have completed the STD waiting period, and they continue, while you remain disabled, for a period of up to 180 calendar days of disability (the maximum benefit period) including the STD waiting period. If you are disabled for a period of more than 180 calendar days, you may be eligible for benefits under the Long-Term Disability plan. Read the "[Long-Term Disability](#)" section for more information about long-term disability benefits.

### When STD Benefit Payments End

Your benefits under the STD plan end on the earliest of:

- The date you are no longer disabled as determined by Sedgwick;
- The date you or your physician fails to provide proof of your disability, if Sedgwick has requested such proof;
- The date as of which you have received benefits for the maximum benefit period;
- The date you refuse to receive medical care that Sedgwick recommends and that physicians generally acknowledge as curing or improving the medical condition that causes or contributes to your disability (for a mental disorder, this means the date you refuse to continue active treatment with a mental health provider). You will not be eligible for benefits for the same condition until you have returned to work;
- The date you refuse to work with modifications to your work environment or schedule or functional job elements, or with physician-recommended adaptive equipment;
- The date you voluntarily terminate your employment with UHG (including retirement);
- The date your employment with UHG is involuntarily terminated for cause;
- The date of your death;
- The date you return to working your pre-disability standard work schedule, whether with or without other accommodations;
- The date you refuse to participate in an approved rehabilitation program, vocational training or education, unless your disability prevents you from participating;
- The date you are no longer receiving regular and appropriate care;
- The date your provider indicates that you are able to perform the material duties of your own occupation;

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.



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- The date you are no longer compliant with your treatment plan;
- The date you refuse to participate in alternative employment;
- The date you commit fraud on the STD plan, including submitting false information regarding eligibility for coverage or payment of benefits; or
- The date you violate the terms of the STD plan.

## How Returning to Work Impacts STD Benefits

The Company, through Sedgwick, will work with you, your physician and your manager to help you return to work as soon as possible in a regular or modified capacity. Some of these efforts may affect the amount or continuation of your STD benefits.

### If You Return to Work in a Modified Capacity

With prior approval from your physician, Sedgwick and your manager, you may return to work on a modified schedule (i.e., less than your pre-disability standard work schedule), or modified duty, or with other accommodations. You will receive regular pay for the actual hours that you work, plus STD benefits for the hours you are unable to work. Each day during which you work less than your pre-disability standard work schedule counts as a full day of disability and counts toward the maximum benefit period.

### Effect of a Subsequent Disability

If you return to work at the Company after a disability and then experience a subsequent disability, the two events are considered a continuous disability if:

- The subsequent disability is caused by the same medical condition that caused your prior disability or is related to that medical condition; and
- The subsequent disability occurs *within 30 days* of your last approved day of disability.

A subsequent disability will also be treated as a continuous disability if you have not returned to work at your predisability, regularly scheduled hours for at least one (1) business day since your prior disability, even if the subsequent disability is caused by a different medical condition.

You do not need to satisfy a new STD waiting period for a continuous disability. If you have already received STD benefits for the maximum benefit period, you are not eligible for additional STD benefits. If you have not already received STD benefits for the maximum benefit period, you are eligible to receive STD benefits for a continuous disability for up to the remainder of the maximum benefit period.

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A new STD waiting period will apply, however, and you must meet it before the STD plan will pay benefits to you, if:

- The subsequent disability is caused by the same medical condition, or one that is related to the medical condition, that caused your prior disability, and occurs more than 30 days after the date of your last approved day of disability; or
- The subsequent disability is caused by a medical condition that is unrelated to the medical condition that caused your prior disability, provided you have returned to work at your predisability, regularly scheduled hours for at least one (1) business day since your prior disability.

### ***FMLA Leave and Other Leave Policies***

If you are eligible for leave under the Family and Medical Leave Act or under another leave policy, you must apply for one of these leaves at the same time that you apply for benefits under the STD plan. If your benefits under both the STD plan and one of these forms of leave are approved, your leave will run concurrently with the period during which you receive STD plan benefits. For additional information, please refer to the Leaves and Disability sections on The Hub at <https://hub.uhg.com/policies/human-capital/leaves-disability>.

### **Disabilities That Are Not Covered**

The disabilities and medical conditions that are listed in this section are not covered disabilities, and the STD plan does not pay benefits for them. They include but are not limited to disabilities and medical conditions that:

- Occur while you are not covered by the STD plan;
- You are not under the regular and appropriate care of a physician;
- Are work-related medical conditions that are covered by workers' compensation laws;
- Are intentionally self-inflicted, while you are sane or insane;
- Result from or are caused or contributed to by war, declared or undeclared, or any act of war;
- Are caused or contributed to by your committing or attempting to commit a felony or while you are engaged in an illegal occupation;
- Are related to cosmetic procedures that change or improve appearance without significantly improving physical functioning or restoring the appearance of a body part damaged by accident, illness or injury; and
- When your physician reports them to Sedgwick, cannot be verified and measured using generally accepted standard medical procedures and practices. These conditions are commonly referred to as self-reported conditions and include but are not limited to headaches, dizziness, fatigue, loss of energy, pain and upper extremity cumulative trauma disorder.

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## Filing a Claim for STD Benefits

If you are unable to work because of a disability and your physician expects it to last more than five consecutive business days (seven consecutive calendar days), you must:

- Notify your manager of your need for an STD claim as soon as possible.
- Submit a request for a leave of absence and for an STD claim by contacting Sedgwick at 866-697-8122 or accessing ViaOne, Sedgwick's online claim status view system.
- Submit your request no more than 30 days prior to the expected date of your absence from work when you know the expected date (such as for the birth of a child or planned surgery), or as soon as possible when the absence is not planned or anticipated. If you cannot contact Sedgwick in either of these ways, ask your manager to contact Sedgwick for you.

**Note:** You *must* file your claim for STD benefits within 30 days from the date you are claiming disability in order for your claim to be considered timely.

Failure to submit your claim for STD benefits within this timeframe may result in your claim being denied for late submission. Exceptions may be made by the claims administrator in cases where your disability rendered you incapable of filing or where the late filing is due to a transition from workers' compensation to STD.

Sedgwick will mail the necessary form(s) and other information to you in an STD packet. Complete each form and send it to the address listed in the STD packet by the deadline stated in it. If you don't submit your form(s) on time, your claim for benefits and/or application for a leave may be denied or delayed. In that event, the Company may consider your absence from work to be unapproved and may, in its discretion, terminate your employment.

If you are employed in California, Hawaii or Rhode Island, you must apply for SDI benefits at the same time that you claim benefits under the STD plan. The STD packet that Sedgwick mails to you will contain the necessary forms and instructions.

### ***Right to Clarify or Verify Medical Information***

The plan administrator has the right to request that you and/or your physician clarify or verify the medical information that you or your physician submits. A request for clarification or verification may include independent medical examinations, functional capacity evaluations, second medical opinions, peer-to-peer reviews, jobsite evaluations, surveillance and other similar means. The Company will pay for these services. However, if you do not cancel an appointment timely or do not proceed with the appointment, you will be responsible for any no-show fees unless there is a medical reason that prevented you from completing the procedure at the scheduled appointment.

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## How to Check on the Status of a Claim

Sedgwick will notify you whether your STD claim is approved or denied. You may check on the status of your STD claim by contacting Sedgwick at 866-697-8122. You may also access your claim by logging in to ViaOne Express.

## If Your Claim Is Denied

If you are informed that your claim for benefits has been denied, you have the right to appeal that decision. Your rights are explained in the [“Claim and Appeals Procedures — ERISA Plans”](#) section.

## How STD and Workers’ Compensation Claims Interact

If it is determined that your medical condition may be work-related, your benefits for STD will be denied, and you may submit a workers’ compensation claim. Any benefits that you may have received from the STD plan will reduce any workers’ compensation benefits that you may become eligible to receive.

If the workers’ compensation administrator determines that your claim is non-work-related, the claim will be denied and forwarded to Sedgwick, which will determine whether you are eligible for STD benefits. Any workers’ compensation benefits that you have received for lost wages will reduce any STD benefits that you may become eligible to receive.

If you submit a workers’ compensation claim and the decision on whether your claim should be paid is delayed in accordance with state law, your claim will be forwarded to Sedgwick, which will review your claim to determine whether you are eligible for STD benefits. If your workers’ compensation claim is subsequently denied, Sedgwick will continue to manage your claim under the STD plan. Conversely, if your workers’ compensation claim is subsequently approved, your STD claim will be denied, and it will be treated as a workers’ compensation claim. Any STD benefits you may have received prior to the decision on your workers’ compensation claim will reduce any workers’ compensation benefits that you may become eligible to receive. Read “Workers’ Compensation” on The Hub at <https://hub.uhg.com/policies/human-capital/leaves-disability/Workers-Compensation/350> for more information.

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.

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This *Long-Term Disability plan* section summarizes the highlights of the LTD plan. It is not the Summary Plan Description (SPD) for the LTD plan and is not used to administer the LTD plan. The certificate of coverage issued by UnitedHealthcare Insurance Company, together with the “[Introduction](#)” section, “[Eligibility and Enrollment](#)” section, “[Administrative Information](#)” section, and applicable defined terms in the “[Glossary](#)” section of this Handbook, constitute the SPD for the LTD plan.

You should refer to the certificate of coverage for detailed coverage information. The [certificate of coverage and insurance policy documents](#) are available on the Benefits Site at <https://benefitsenroll.uhg.com>.

This section of the Handbook offers a general overview of how the LTD plan works. For the complete details on LTD:

- Visit the Benefits Site at <https://benefitsenroll.uhg.com>.
- Refer to the certificate of coverage at [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/LTDMASS.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/LTDMASS.pdf).

For enrollment or benefit questions, call HRdirect 800-561-0861.

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## How the LTD Plan Works

The LTD plan may provide income protection and pay benefits when the claims administrator determines that you are disabled, are receiving the regular and appropriate care of a physician and have satisfied the LTD waiting period (elimination period) while you are covered under the plan.

Hartford Life and Accident Insurance Company (The Hartford or the insurer) provides insurance for all LTD claims and is the claims administrator for the LTD plan.

### Who Is Eligible

You may participate in the LTD plan if:

- You are a citizen or resident of the United States or Canada; and
- You meet the eligibility requirements described in the [“Eligibility and Enrollment”](#) section; and
- You are actively at work.

If you are an acquired employee, special eligibility rules apply to you, which are explained in the [“Employees Hired during an Acquisition”](#) subsection.

### LTD Benefits

If approved, the LTD plan provides a benefit of 60% of your predisability earnings, limited to a maximum monthly benefit of:

- \$15,000;
- \$25,000 if you are a member of the Senior Leadership Team; or
- \$35,000 if you are a member of the Executive Leadership Team.

Your minimum monthly benefit is the greater of:

- \$100; or
- 10% of your gross monthly benefit.

Your monthly benefit will be calculated as described in the “Benefits” section of the certificate of coverage.

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.

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## General Overview

This section of the Handbook offers a general overview of how the LTD plan works. For detailed benefit provision information, refer to the certificate of coverage at: [https://cache.hacontent.com/ybr/R16/03742\\_ybr\\_ybrfndt/downloads/LTDMASS.pdf](https://cache.hacontent.com/ybr/R16/03742_ybr_ybrfndt/downloads/LTDMASS.pdf).

- You must be disabled for each day of a 180-calendar-day period of time that starts on the first day as of which The Hartford determines that you are disabled (the “LTD elimination period”). The LTD elimination period is equal to the end of this 180-calendar-day period or the end of STD benefits, whichever is greater. Special rules apply in determining whether you have satisfied the LTD elimination period as described under “Periods of Coverage” and “Benefits” in the certificate of coverage.
- Benefits may be limited for preexisting conditions. Refer to “Period of Coverage” and “Exclusions and Limitations” sections in the certificate of coverage for more information.
- Your LTD benefits will be reduced by deductible income, including benefits from other sources that you receive or for which you are eligible that are related to your disability. Read the “Benefits Reduced by Deductible Income” in the certificate of coverage for information.
- Benefits you receive from the LTD plan are normally taxable compensation to you. However, you may elect how you will be taxed on LTD benefits. Read the “[LTD Taxation Election](#)” subsection for information.
- If your LTD claim is approved and you have Employee Supplemental Life coverage under the Life Insurance plan, the premiums for your Employee Supplemental Life coverage may be waived. Read the “[Waiver of Basic/Supplemental Life Premium When Totally Disabled](#)” in the *Life Insurance and AD&D Benefit* section for more information.
- If your employment is terminated, your LTD plan coverage ends as of the date your employment ends. However, if you are receiving LTD benefits at the time your employment terminates, your LTD benefits will continue for as long as you continue to be disabled under and subject to the provisions of the LTD plan certificate of coverage in effect at the commencement of your disability. Refer to “Maximum Duration of Benefits” within the certificate of coverage.

## LTD Taxation Election

You may elect to have the premiums the Company pays for your LTD plan coverage be treated as taxable income to you so that LTD benefits you receive are not taxable. You may make this prospective election for a given calendar year when you enroll in the Company’s benefits for the first time, and you may change your election each year during the annual Open Enrollment Period. If you make the election during the annual Open Enrollment Period, it is effective on January 1 of the following calendar year and is irrevocable for that year. Any change you make during the annual Open Enrollment Period regarding whether LTD plan premiums are included in your taxable income will have no effect on the election in place for the current year.

If you elect that the Company treat the premiums that it pays for your coverage as taxable income to you, the Company will report in each of your paychecks the amount of taxable income that is imputed to you for the LTD plan premiums, and will withhold from your regular pay the income and other payroll taxes that apply to this imputed income. Premiums are waived while LTD benefits are payable.

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If you elect to be taxed on the LTD plan premiums for a given calendar year, any benefits that you receive under the LTD plan for a disability that begins in that year will be nontaxable income to you. If you are already receiving taxable LTD benefits at the time that you elect to be taxed on the LTD plan premiums, your election will apply only to benefits that you may receive for future disabilities that you may incur, and will not apply to the benefits that you are currently receiving. Those benefits will continue to be taxable to you. This rule applies only to the amount of the LTD benefit, and not the deductible income. Therefore, deductible income may be taxable income to you.

**Note:** These statements about tax consequences are based on current federal regulations and are subject to change, including amendment of the relevant tax law and/or reinterpretation by the Internal Revenue Service. You are encouraged to seek the advice of your personal tax advisor.

## Filing a Claim for LTD Benefits

If The Hartford determines that your disability may extend beyond 180 calendar days, The Hartford will begin review of your claim for LTD benefits and may request additional forms from you as part of this review. You must complete the forms and return them to the addresses listed on the forms. Your timely submission of the necessary forms will make the review of your LTD claim faster. The review of your claim can take up to several weeks from the date you are first contacted. The Hartford will make a benefit determination and notify you in writing.

## How to Check on the Status of a Claim

The Hartford will notify you whether your LTD claim is approved or denied. You may check on the status of your LTD claim by contacting The Hartford at 877-591-2764.

## If Your Claim Is Denied

If you are informed that your claim for benefits has been denied, you have the right to appeal that decision. Your rights are explained in the [“Claim and Appeals Procedures — ERISA Plans”](#) section.

Note: Please refer to the [“Glossary”](#) section if you are unfamiliar with a particular word or phrase.



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This *Life Insurance and AD&D Benefit plan* section summarizes the highlights of the Life Insurance and AD&D Benefit plan. It is not the Summary Plan Description (SPD) for the Life Insurance and AD&D Benefit plan and is not used to administer the plan. The certificate of coverage issued by UnitedHealthcare Insurance Company, together with the “[Introduction](#)” section, “[Eligibility and Enrollment](#)” section, “[Administrative Information](#)” section, and applicable defined terms in the “[Glossary](#)” section of this Handbook, constitute the SPD for the Life Insurance and AD&D Benefit plan.

You should refer to the certificate of coverage for detailed coverage information. The [certificate of coverage and insurance policy](#) documents are available on the Benefits Site at <https://benefitsenroll.uhg.com>.

This section of the Handbook offers a general overview of how the Life Insurance and AD&D Benefit plan works. For the complete details on Life Insurance and AD&D Benefit plan:

- Visit the Benefits Site at <https://benefitsenroll.uhg.com>.
- Refer to the certificate of coverage at [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/LICOCI.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/LICOCI.pdf).

For enrollment or general questions, call HRdirect 800-561-0861.

### Questions?

If you have questions about your Life Insurance and AD&D Benefit plan benefits, visit the Benefits Site at <https://benefitsenroll.uhg.com> or contact HRdirect at 800-561-0861.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.

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## How the Life Insurance and AD&D Benefit Plan Works

The Life Insurance and AD&D Benefit plan provides a benefit in the event of your death or covered injury, in the event of your eligible spouse's/domestic partner's death or covered injury, and in the event of your eligible child(ren)'s death. The Company provides Employee Basic Life Insurance with Accidental Death and Dismemberment (AD&D) Benefit to all classes of eligible employees, and certain classes of eligible employees can also purchase Employee Supplemental Life Insurance with or without AD&D Benefit, Spouse/Domestic Partner Life Insurance with or without AD&D Benefit, and Child(ren) Life Insurance.

The Committee is the plan administrator of the Life Insurance and AD&D Benefit plan. The Company, as plan sponsor, has purchased insurance to provide benefits under the plan. UnitedHealthcare Insurance Company is the insurer.

### Coverage Options

The Life Insurance and AD&D Benefit plan provides two employee coverage options:

- Basic Life Insurance with AD&D Benefit; and
- Supplemental Life Insurance, with or without AD&D Benefit.

It also offers two dependent coverage options:

- Spouse or Domestic Partner Life Insurance, with or without AD&D Benefit; and
- Child(ren) Life Insurance (without AD&D).

### Employee Coverage Options and Levels

The employee coverage options and coverage levels are different for certain classes of eligible employees and are as follows:

- Regular full-time employees:
  - Automatically receive Basic Life Insurance with AD&D Benefit of two times their benefit compensation (to determine benefit coverage, benefit compensation is rounded up to the next \$1,000, if not an even \$1,000, and then multiplied by 2); and
  - May elect to purchase Supplemental Life Insurance (with or without AD&D Benefit) of one, two, three, four or five times their benefit compensation (to determine benefit coverage, benefit compensation is rounded up to the next \$1,000, if not an even \$1,000, and then multiplied).
  - May have certain elections subject to Evidence of Insurability. Read the "[Evidence of Insurability \(EOI\)](#)" section for more information.
- Regular part-time employees:
  - Automatically receive Basic Life Insurance with AD&D Benefit of \$10,000.

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### Maximum Coverage Level

The maximum coverage levels are as follows:

- Basic Life Insurance amount is \$2 million.
- Combined Basic Life and Supplemental Life Insurance amount is \$3 million.
- Combined Basic AD&D and Supplemental AD&D Insurance amount is \$3 million.
- The maximum Life Insurance and AD&D amount is \$6 million.

### Imputed Income

Current federal tax law requires that the premium cost of Basic Life Insurance coverage that exceeds \$50,000 be treated as taxable income to you, even though the Company pays the premium to the insurer and not to you. This is referred to as imputed taxable income. The Company reports this imputed income each biweekly pay period in your biweekly paycheck and in your year-end IRS Form W-2 and withholds the applicable payroll taxes from your regular pay.

### Spouse/Domestic Partner Coverage Levels

Regular full-time employees may also elect Spouse/Domestic Partner Life Insurance, with or without AD&D Benefit, and they may choose from the following coverage levels:

- Purchase coverage in increments of \$10,000, up to a maximum of \$250,000.
- May have certain elections subject to Evidence of Insurability. Read the [“Evidence of Insurability \(EOI\)”](#) section for more information.

### Child(ren) Coverage Levels

Regular full-time employees may also elect Child(ren) Life Insurance, and they may choose from the following coverage levels:

- \$5,000 per eligible dependent child; or
- \$10,000 per eligible dependent child.

#### ***If Your Spouse or Domestic Partner Also Works at the Company***

If you and your spouse or domestic partner both work at the Company, each of you may elect Spouse/Domestic Partner Life Insurance with or without AD&D Benefit for the other; however, only one of you may elect Child(ren) Life Insurance for your eligible dependent child(ren).

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### Evidence of Insurability (EOI)

You must provide Evidence of Insurability (EOI) to the insurer before the portion subject to EOI is effective when you:

- Apply for Employee Supplemental Life Insurance with or without AD&D Benefit that exceeds the lesser of two times your benefit compensation or \$500,000 on or before your initial enrollment deadline;
- Apply for Employee Supplemental Life Insurance with or without AD&D Benefit after your initial enrollment deadline, after dropping coverage or after reducing your coverage level;
- Apply for Spouse/Domestic Partner Life Insurance with or without AD&D Benefit that exceeds \$50,000 on or before your initial enrollment deadline; or
- Apply for Spouse/Domestic Partner Life Insurance with or without AD&D Benefit that exceeds \$50,000 after your initial enrollment deadline due to a life event, such as your marriage or establishment of a domestic partnership.

If EOI is required, you will be notified by email or regular mail with instructions to complete the EOI application. To see what the EOI process involves, see [“Learn More About EOI”](#) and [“Read EOI Employee Instructions”](#) on the Benefits Site at <https://benefitsenroll.uhg.com>.

The EOI evaluation process is handled primarily between the employee and the insurer. EOI can take a few months to determine, depending on employee response and whether other tests (lab or physical) are required.

If you have questions regarding EOI or your Employee Life Insurance coverage, you can call HRdirect at 800-561-0861.

You must be actively at work to apply for or change coverage.

If you are not actively at work on the date that your coverage is approved, your coverage will not be effective until the first day that you are actively at work.

If the insurer does not approve an increase in coverage, your coverage will remain at the level you previously elected or at the highest coverage level that does not require EOI. Premiums for the amount requiring EOI will not take effect until your completed EOI is received, reviewed and approved.

### Beneficiary Designation

You should name a designated beneficiary for your Employee Basic Life with AD&D Benefit and Employee Supplemental Life with or without AD&D Benefit.

Your beneficiary is the designated beneficiary or your default beneficiary who will receive the benefits payable under the Life Insurance and AD&D Benefit plan in the event you die. You may name a designated beneficiary separately for the Employee Basic Life Insurance and AD&D Benefit and the Employee Supplemental Life Insurance and AD&D Benefit. You are the beneficiary for any Spouse/Domestic Partner Life Insurance with or without AD&D Benefit or Child(ren) Life Insurance benefits that are payable.

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It is important that you designate a beneficiary if you want a person other than your default beneficiary to receive the benefit that is payable by the Life Insurance plan. If you designate a beneficiary, Life Insurance plan benefits will be paid to that designated beneficiary. If you name more than one designated beneficiary, Life Insurance plan benefits will be paid in equal shares to those who survive you if you do not choose a percentage allocated to be paid to each person. If you do not name a designated beneficiary, Life Insurance and AD&D Benefit plan benefits will be paid to your default beneficiary.

Unless you name a separate designated beneficiary for your Employee Supplemental Life Insurance and AD&D Benefit, your designated beneficiary is the beneficiary you name for your Employee Basic Life Insurance and AD&D Benefit. If you do not name a designated beneficiary(ies), Employee Supplemental Life Insurance and AD&D benefits will be paid to your default beneficiary.

### How to Designate or Change a Beneficiary

To name a designated beneficiary for the first time, delete one or more previously named designated beneficiaries, or add one or more new designated beneficiaries:

- Visit the Benefits Site at <https://benefitsenroll.uhg.com>, and click on Health and Insurance>Life Insurance and select “Designate a Beneficiary.” Follow the instructions to enter your beneficiary information, and click the “Continue” button. For your designation to be effective, you must complete this process and save your designation, and you must do so during your lifetime.
- If you do not have Internet access, call HRdirect at 800-561-0861.

#### ***If You Have a Domestic Partner***

The insurer, UnitedHealthcare Insurance Company, does not recognize domestic partners as default beneficiaries. If you have a domestic partner and want him or her to receive benefits that become payable under the Life Insurance and AD&D Benefit plan, you must specifically name your domestic partner as your designated beneficiary.

### Waiver of Basic/Supplemental Life Premium When Totally Disabled

The insurer will waive your premiums until age 65 for Employee Basic and Supplemental Life Insurance if you become totally disabled and for as long as you remain totally disabled, if you meet the criteria in the “Waiver of Premium – Total Disability for Covered Person” section of the certificate of coverage.

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## When Benefits Are Paid

The Life Insurance and AD&D Benefit plan pays benefits only when:

- You or your covered spouse/domestic partner or child dies in circumstances that are covered under the “Life Insurance Benefit” or “Accidental Death and Dismemberment Benefit” section of the certificate of coverage and while you or your covered spouse/domestic partner or child is eligible to participate in and is covered under the plan; or
- You or your spouse/domestic partner has a covered injury that occurs while you are eligible to participate in and are covered under the Life Insurance and AD&D Benefit plan, and that is listed in the “Accidental Death and Dismemberment Benefit for Covered Person” section in the certificate of coverage.

## Employee Basic Life Insurance with AD&D Benefit

The Life Insurance with AD&D Benefit plan pays your beneficiary the Basic Life Insurance amount that is in effect for you when you die while you are covered under the plan. (See the “[Coverage Options](#)” subsection for more information.)

The plan also pays your beneficiary the AD&D Benefit amount that is in effect for you when you have a covered injury (which includes your death) while you are covered under the plan and the injury occurs under circumstances that are not excluded in the “Limitations” in the certificate of coverage.

## Employee Supplemental Life with or without AD&D Benefit

The Life Insurance and AD&D Benefit plan pays your beneficiary the Supplemental Life Insurance amount that is in effect for you when you die while you are covered under the plan. (See the “[Coverage Options](#)” subsection for more information.)

The plan also pays your beneficiary the AD&D Benefit amount that is in effect for you when you have a covered injury (which includes your death) while you are covered under the plan and the injury occurs under circumstances that are not excluded in the “Limitations” in the certificate of coverage.

## Spouse/Domestic Partner Life with or without AD&D Benefit

The Life Insurance and AD&D Benefit plan pays you the Spouse/Domestic Partner Life Insurance amount that is in effect for your covered spouse/domestic partner if your spouse/domestic partner dies while you and your spouse/domestic partner are covered under the plan. (See the “[Coverage Options](#)” subsection for more information.)

The plan also pays you the AD&D Benefit amount that is in effect for your covered spouse/domestic partner when the spouse/domestic partner has a covered injury (which includes death) while you and your spouse/domestic partner are covered under the plan and the injury occurs under circumstances that are not excluded in the “Limitations” in the certificate of coverage.

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### Child(ren) Life Benefits

The Life Insurance and AD&D Benefit plan pays you the Child(ren) Life Insurance amount that is in effect for your covered eligible dependent child(ren) when your dependent dies, while you and the dependent are covered under the plan. (See the “[Coverage Options](#)” subsection for more information.)

### AD&D Benefits

AD&D coverage doubles your benefit if you or your covered spouse/domestic partner dies as the result of a covered injury, and pays a percentage of your benefit amount if you or your covered spouse/domestic partner has a nondeath covered injury. The certificate of coverage describes the covered injuries for which AD&D benefits are paid and the benefit amount that is payable.

### Filing a Claim for Life Insurance AD&D Benefits

You, or, in the event of your death, your beneficiary, must file a claim for Life Insurance and/or AD&D benefits with UnitedHealthcare Insurance Company, the insurer, within 30 days after a death or covered injury occurs. If a claim cannot be filed within that time, it must be filed as soon as reasonably possible.

To begin the claims process, contact HRdirect and speak to a representative to request a claim form. HRdirect will forward the form to you or your beneficiary for completion.

- Notify HRdirect of the death or covered injury as soon as possible. HRdirect will notify the insurer and provide the employer information to them.
- If your claim is for AD&D benefits for you or your covered eligible dependent’s nondeath covered injury:
  - HRdirect will forward the form to you. You must complete and sign the claim form, attach the required proof of the covered injury and return the completed form to the address listed on the claim form within the 30-day deadline.
- If the claim is for life insurance benefits as a result of your death or the death of your covered eligible dependent:
  - The HRdirect Benefits Advisor will send the form to your beneficiary, or you, as applicable, for signature.
  - Your beneficiary, or you, as applicable, must complete and sign the claim form, attach the required proof of death and return the completed form to the address listed on the claim form within the 30-day deadline.

### How to Check on the Status of a Claim

You may check on the status of your claim by calling the UHC Life Insurance Claims Unit at 888-299-2070.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.



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## Life Insurance Continuation Rights

If you live in Minnesota and you and/or your covered eligible dependent(s) lose coverage under the Life Insurance plan under certain conditions, you have the right to continue the amount of coverage in effect at the time of the qualifying event at your own expense for a period of time under Minnesota state continuation of life insurance law.

### Qualifying Events and Continuation Period

The following table lists the events (the qualifying events) that permit you (the qualified Beneficiary) to elect life insurance continuation coverage, and lists the maximum period of time for which you can elect continuation coverage when each qualifying event occurs.

Qualifying Events That Result in Loss of Coverage	Maximum Life Insurance Continuation Period
Your work hours are reduced, which results in loss of coverage.	18 months
Your employment ends for any reason other than gross misconduct.	18 months

### Electing and Paying for Continuation Coverage

If you live in Minnesota, the Minnesota Continuation administrator, UnitedHealthcare Benefit Services (UBS), will send a Life Insurance Plan Continuation Coverage Election Notice to you within 14 days after UBS is notified of the qualifying event. This notice is separate from COBRA continuation and is administered by a separate vendor.

The Life Insurance Plan Continuation Coverage Election Notice addresses continuation rights under the Life Insurance plan. The notice explains your right to continue your life insurance coverage (excludes AD&D Benefit) under Minnesota state law. If you want to continue coverage, you must complete the “Election Agreement” and return it to the Minnesota Continuation administrator at the address listed on the form within 60 days after the later of:

- The date you and/or your covered eligible dependent(s) lose coverage as a result of the qualifying event; or
- The notification date indicated on this notice.

If you elect life insurance continuation coverage, you can, but are not required to, pay the applicable premium at the same time that you submit your “Election Agreement.” You must, however, pay the applicable premium no later than 45 days after the date of your enrollment. After you enroll, you will receive a billing statement each month, which will state the payment due date. The monthly premium is due by the first of each month, and there is a 30-day grace period. Payment will need to be received by the end of the grace period to avoid termination of your account.

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Life insurance continuation coverage is not activated until the Minnesota Continuation administrator receives your initial premium payment. If you fail to pay the initial premium payment by the 45-day deadline, or you fail to pay any subsequent premiums prior to the 30-day grace period expiring, coverage will be terminated retroactively to the last day for which you made a timely premium payment.

### Cost of Continuation Coverage

The premium for life insurance continuation coverage is 102% of the total premium that you and the Company paid for your coverage as an active employee under the Life Insurance plan.

### If the Life Insurance Plan Changes during Your Continuation Period

If the terms of the applicable plan change for active employees, those changes will also apply to you while you are on life insurance continuation coverage.

### When Continuation Coverage Ends

Your continuation coverage ends when the earliest of the following occurs:

- The applicable continuation period ends;
- You do not pay the initial premium within 45 days after the date you elect continuation coverage, or you do not pay any subsequent premiums within 30 days after it is due;
- You obtain coverage under another group policy; or
- The Company terminates all group life insurance coverage for all active and former employees.

### Converting Your Coverage

You may elect to convert all or a portion of your Employee Basic, Employee Supplemental, Spouse/Domestic Partner, or Child(ren) Life Insurance, if any, to an individual whole life insurance policy:

- While you remain employed with the Company, if you lose coverage because you or your covered eligible dependent is no longer eligible to participate in the plan;
- When your coverage ends because your employment with the Company has ended;
- (For residents of Minnesota) When your 18-month life continuation coverage ends; and
- When your coverage ends because the Company has terminated the plan.

The terms of the conversion policy will be different from the terms of the Life Insurance plan. The insurer determines the features of the conversion policy or policies that it makes available to you, and the premiums that you must pay. The conversion policy is a whole life insurance policy and will not provide disability or any other supplemental benefits. However, you will not be required to provide EOI. You cannot convert AD&D coverage to an individual whole life policy.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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HRdirect will send you a Conversion Notice that notifies you of your conversion rights if you lose coverage due to one of the reasons stated above. The Conversion Notice also includes the phone number and URL for the insurance carrier.

You may log in to the insurer's website at <http://www.uhclifeconv.com> to get an instant quote for the cost of converting coverage. You will gain access to the form once you complete the quote process. If you would like to convert your coverage, you should call HRMP at 888-999-4767. HRMP would be able to assist you with any questions about this process. However, you may contact HRdirect at 800-561-0861 if you are not able to gain access to the website or conversion form through HRMP. You can ask for the "Individual Life Conversion Request for Information Form" to be sent to you.

To convert your or your covered eligible dependent's life insurance coverage to an individual whole life policy, you must submit the "Individual Life Conversion Request for Information Form" and the Conversion Notice you receive from HRdirect to the insurer within 31 days of the date that the coverage under the Life Insurance plan ends. For residents of Minnesota, if you elect to continue your or your covered eligible dependent's life insurance coverage as described in the "[Life Insurance Continuation Rights](#)" subsection, you must elect to convert such coverage to an individual whole life policy within 31 days of the date that the 18-month continuation coverage under the Life Insurance plan ends.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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This *Business Travel Accident (BTA) Insurance* section summarizes the highlights of the BTA plan. It is not the Summary Plan Description (SPD) for the BTA plan, and is not used to administer the BTA plan. It merely provides general information about the BTA plan’s eligibility rules and the benefits the plan provides.

For the complete details on the BTA benefits:

- Visit the Benefits Site at <https://benefitsenroll.uhg.com>.
- Refer to the summaries and policy at [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/OOCMINS.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/OOCMINS.pdf), [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/BTAMED.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/BTAMED.pdf), [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/BTAADD.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/BTAADD.pdf)

For enrollment or general questions, call HRdirect 800-561-0861.

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## How the BTA Plan Works

The BTA plan pays a benefit if you experience a covered loss (which means that you are seriously injured or die, as listed in the “Schedule of BTA Plan Benefits” in the certificate of coverage) or a covered accident, or a sickness while you are on business travel for the Company or an affiliate, within 365 days from the origination date of your business travel. The Schedule of BTA Plan Benefits describes the covered losses for which the BTA plan accidental death, dismemberment, disability and out-of-country medical coverage pays benefits and the benefit amounts that are payable. The BTA principal sum is based on your salary and can pay up to two times your annual salary with a maximum of \$1 million. The BTA principal sum for eligible dependents is \$50,000.

The BTA plan also provides Out-of-Country Medical (OOCM) coverage for sick, urgent or emergent care while traveling on business, outside of your home country. The medical maximum is \$300,000 per covered person per year. Should you need to be evacuated or repatriated due to a covered accident or sickness, the maximum is \$250,000 per covered person per year. Your coverage and any benefits under the BTA plan are payable in addition to, and are not offset by, any other disability, life insurance and accidental death and dismemberment coverage you may have and the injury occurs under circumstances that are not excluded in the “Exclusions and Limitations” section in the certificate of coverage.

Our insurers, at their discretion, determine whether your death or injury meets the definition of covered injury, covered loss or sickness. The Company does not have authority to make and does not make this determination.

## Who Is Eligible for Coverage

You may participate in the BTA plan if you meet the eligibility requirements described in the “[Who Is Eligible](#)” subsection. As long as you are traveling on approved company business and meet the eligibility criteria, you are covered.

## Enrollment Process

You do not need to enroll to receive coverage under the BTA plan.

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## Who Is Your Beneficiary for BTA Benefits

Your beneficiary(ies) is the designated beneficiary(ies) on your Employee Basic Life Insurance or your default beneficiary(ies), who will receive the benefits payable under the BTA plan in the event you die. If you don't name a designated beneficiary(ies), BTA plan benefits will be paid to your default beneficiary(ies).

## When Benefits Are Paid

The BTA plan pays benefits only for a covered loss, covered accident or sickness that:

- Is listed in the "Schedule of Covered Losses" in the [Summary of Benefits](#) or at [https://cache.hacontent.com/ybr/R516/03742\\_ybr\\_ybrfndt/downloads/BTAADD.pdf](https://cache.hacontent.com/ybr/R516/03742_ybr_ybrfndt/downloads/BTAADD.pdf).
- Is the direct result of a covered loss, covered accident or sickness that occurs while you are on business travel; and
- Occurs while you are eligible to participate in and are covered under the BTA plan.

## How to Obtain a Claim Form

You must file a claim within 90 days after you experience a covered loss. You can obtain the BTA plan claims forms for out-of-country, accidental death, accidental dismemberment and disability benefits by accessing: <https://benefitsenroll.uhg.com>.

Or, you can contact an Enterprise Risk Financing & Insurance representative at [EIS@uhg.com](mailto:EIS@uhg.com).

## If Your Claim Is Denied

If you are informed that your claim for benefits has been denied, you have the right to appeal that decision. Your rights are explained in the "[Claim and Appeals Procedures — ERISA Plans](#)" section.

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The *Administrative Information* section contains information that applies to the following benefit plans of the UHG Inc. Group Benefits Plan that are described in this Handbook and that are subject to ERISA: the Short-Term Disability (STD) plan and Long-Term Disability (LTD) plan; Life Insurance and AD&D Benefit plan, and Business Travel Accident (BTA) Insurance plan, (collectively, the ERISA plans).

Additionally, this section provides certain plan administration information as well as claims and appeals procedures and your legal rights under ERISA.

### Questions?

If you have questions about your benefits under any of the plans, search for “benefits” on The Hub at <https://hub.uhg.com> or contact HRdirect at 800-561-0861.

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## General Administrative Information

<b>Effective Date of Summary Plan Descriptions</b>	January 1, 2021, except as otherwise noted in the Handbook.
<b>Plan Name</b>	UHG Inc. Group Benefits Plan
<b>Plan Number</b>	530
<b>Plan Year</b>	January 1 through December 31.
<b>Plan Administrator/Sponsor</b>	<p>UnitedHealth Group Incorporated is the Plan Sponsor of the UHG Inc. Group Benefits Plan.</p> <p>The Plan Sponsor's mailing and street address for courier delivery is:</p> <p>UnitedHealth Group Incorporated                      c/o Corporate Benefits Department                      MN008-R120                      9900 Bren Road East                      Minnetonka, MN 55343</p> <p>The Plan Sponsor's phone number is: 952-936-1300</p>
<b>Plan Sponsor's Employer Identification Number (EIN)</b>	41-1321939
<b>Plan Administrator</b>	<p>The UnitedHealth Group Employee Benefits Plans Administrative Committee is the plan administrator of the UHG Inc. Group Benefits Plan.</p> <p>The plan administrator's mailing and street address is:</p> <p>UnitedHealth Group Employee Benefits Plans Administrative Committee                      c/o Corporate Benefits Department                      MN008-R120                      9900 Bren Road East                      Minnetonka, MN 55343</p> <p>The plan administrator's phone number is: 952-936-1300</p>

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<b>Agent for Service of Legal Process</b>	<p>The agent for service of legal process is the UnitedHealth Group's Office of the General Counsel.</p> <p>The agent's mailing and street address for courier delivery is:</p> <p>Office of the General Counsel          UnitedHealth Group Incorporated          MN008-T700          9900 Bren Road East          Minnetonka, MN 55343</p> <p>The agent's phone number is: 952-936-1300</p> <p>Legal process can also be served on the plan administrator, through its Corporate Benefits Department at its mailing or courier delivery address.</p>
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## Assignment of Benefits

In general, you cannot assign, transfer or convey any of the benefits provided by the plans. You may, however, assign certain rights under the Life Insurance and AD&D Benefit plan. See the applicable section of this Handbook for more information.

## Administrative Information for Component Benefit Plans

The information in this section applies to the following component benefit plans under the UHG Inc. Group Benefits Plan:

- Short-Term Disability
- Long-Term Disability
- Life Insurance and AD&D Benefit
- Business Travel Accident (BTA) Insurance

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## Disability Coverage

Plan Name	STD plan	LTD plan
<b>Plan Type</b>	ERISA welfare benefit plan that provides short-term disability benefits.	ERISA welfare benefit plan that provides long-term disability benefits.
<b>Source of Contributions</b>	The Company pays the full cost of Basic STD coverage. Eligible employees pay the full cost of Supplemental STD coverage through biweekly pre-tax payroll deductions.	The Company pays the full cost of coverage under the LTD plan. Eligible employees do not contribute to the cost of coverage.
<b>Type of Administration</b>	Third-party administration.	Insurer administration.
<b>Funding/Trust/Trustee</b>	The plan is self-funded by UnitedHealth Group from its general assets. There is no trust.	The Company purchases insurance coverage for LTD benefits.
<b>Insurance Carrier</b>	Not applicable.	Hartford Life and Accident Insurance Company One Hartford Plaza Hartford, CT 06155
<b>Claims Administrator for Review of Denied Claims</b>	Sedgwick Claims Management Services P.O. Box 14446 Lexington, KY 40512-9951 Fax: 866-697-8149	Hartford Life and Accident Insurance Company P.O. Box 14869 Lexington, KY 40512
<b>Where to Send Claims</b>	Sedgwick Claims Management Services P.O. Box 14446 Lexington, KY 40512-9951 Phone: 866-697-8122 Fax: 866-697-8149	Hartford Life and Accident Insurance Company P.O. Box 14869 Lexington, KY 40512
<b>Contact for Plan Documents</b>	HRdirect Service Center MN008-R120 9900 Bren Road East Minnetonka, MN 55343 Phone: 800-561-0861	HRdirect Service Center MN008-R120 9900 Bren Road East Minnetonka, MN 55343 Phone: 800-561-0861
<b>Subject to ERISA</b>	Yes.	Yes.

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## Life Insurance and Business Travel Accident (BTA) Insurance

Plan Name	Life Insurance and AD&D Benefit plan	Business Travel Accident (BTA) plan
<b>Insurance Carrier</b>	UnitedHealthcare Insurance Company 450 Columbus Boulevard Hartford, CT 06115-0450 Phone: 866-293-1794	Business Travel Out-of-Country Medical (OOCM) Insurance:  UnitedHealthcare Insurance Company 450 Columbus Boulevard Hartford, CT 06115-0450 Phone: 866-293-1794  AD&D and Disability:  Chubb USA 436 Walnut Street Philadelphia, PA 19106
<b>Claims Administrator for Review of Denied Claims</b>	UnitedHealthcare Insurance Company P.O. Box 7140 Portland, ME 04112-7140 Phone: 888-299-2070	Business Travel OOCM Insurance:  UnitedHealthcare Appeals P.O. Box 30573 Salt Lake City, UT 84130-0573  AD&D and Disability:  Chubb USA P.O. Box 5124 Scranton, PA 18505-0556 Phone: 800-336-0627 (Inside USA) Phone: 302-476-6194 (Outside USA) Fax: 302-476-7857 Email: <a href="mailto:ACEAandHClaims@chubb.com">ACEAandHClaims@chubb.com</a>  In the case a claim is denied, there will be communication between the insurance company's claim representative and the claimant or beneficiary. Further contact details will be provided at that time, should the claimant or beneficiary wish to appeal the decision.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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Plan Name	Life Insurance and AD&D Benefit plan	Business Travel Accident (BTA) plan
<b>Where to Send Claims</b>	UnitedHealthcare Insurance Company P.O. Box 7140 Portland, ME 04112-7140 Fax: 877-286-6011 Phone: 866-299-2070	Business Travel OOCM Insurance Claims:  UnitedHealthcare Global P.O. Box 740836 Atlanta, GA 30374-0836 <a href="mailto:businessstravel@uhcglobal.com">businessstravel@uhcglobal.com</a> Fax: 1 248-524-5729 Member Services: 866-870-3475 Online: <a href="http://members.uhcglobal.com">http://members.uhcglobal.com</a>  AD&D and Disability Claims:  Chubb Accident & Health P.O. Box 5124 Scranton, PA 18505-0556 Phone: 800-336-0627 (Inside USA) Phone: 302-476-6194 (Outside USA) Fax: 302-476-7857 Email: <a href="mailto:ACEAandHClaims@chubb.com">ACEAandHClaims@chubb.com</a>
<b>Contact for Plan Documents</b>	HRdirect Service Center MN008-R120 9900 Bren Road East Minnetonka, MN 55343 Phone: 800-561-0861	Enterprise Risk Financing and Insurance: <a href="mailto:EIS@uhg.com">EIS@uhg.com</a> or visit <a href="https://hub.uhg.com/sites/hub/UnitedHealth-Group/d/Finance/Risk-Financing-Insurance/Pages/Home.aspx">https://hub.uhg.com/sites/hub/UnitedHealth-Group/d/Finance/Risk-Financing-Insurance/Pages/Home.aspx</a>
<b>Subject to ERISA</b>	Yes.	Yes.

Note: Please refer to the “[Glossary](#)” section if you are unfamiliar with a particular word or phrase.

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## Claim and Appeals Procedures — ERISA Plans

### For ERISA Plans

If you participate in the STD plan, LTD plan, Life Insurance and AD&D Benefit plan, or BTA plan (the ERISA plans), you have rights under ERISA to bring a claim for benefits, and to appeal a denial of your claim for benefits. The section for each of the ERISA plans explains how to file a claim for benefits under each of them. This “Claim and Appeals Procedures” subsection provides additional information about making a claim for benefits under each of them, and describes your appeal rights if your claim for benefits is denied. It also explains the deadlines by which you must file a claim or an appeal of a denied claim, the claims administrators’ deadlines for responding to your appeal, and your right to pursue litigation if you are dissatisfied with the applicable plan’s final decision on your claim. You must follow and complete the claim and appeals procedure before you can bring a lawsuit, and you must comply with the deadline to sue.

### Status of the Claims Administrator as a Fiduciary

The claims administrator for each ERISA plan is a fiduciary with respect to the applicable plan. The claims administrator has the exclusive right and discretion, with respect to claims and appeals, to interpret the plan’s terms, to administer the plan’s benefits, to determine the applicable facts and to apply the plan’s terms to the facts. The claims administrator’s decisions are conclusive and binding on all parties.

### Claims for Benefits under the ERISA Plans

The “Filing a Claim for Benefits” explanation in the section for each of the ERISA plans explains how to file a claim for benefits.

### Your Deadline to File a Claim

Unless the individual section of the Handbook for a particular benefit plan provides a different deadline, you must bring your claim for benefits within one year after the date you know or reasonably should know the principal facts upon which your claim is based. If you file a claim after this deadline, it will be denied automatically.

### Where to File a Claim

The tables in the “[Administrative Information for Component Benefit Plans](#)” subsection list the addresses at which you may file a claim under each of the ERISA plans.

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## The Claims Administrator’s Decision on Your Claim

The claims administrator will respond in writing (delivered by paper or electronically) to all claims, whether the claim is granted or denied. The claims administrator will also notify you in writing (delivered by paper or electronically) if your claim under an applicable plan is denied. Any denial, reduction or termination of a benefit or failure to provide or make payment for (in whole or in part) a benefit is a claim denial. In the case of STD or LTD benefits, a retroactive cancellation or discontinuance of coverage also will be considered a claim denial, unless it is due to your failure to pay for the cost of coverage. The written claim denial will include the reason for the denial, reference to the relevant plan provision(s) on which the denial is based and other information that is required by federal regulation.

## Timing of Claim Decisions and Appeals under the ERISA Plans

The following table lists the time periods within which the claims administrator must respond to your claim for benefits and your appeal of a denied claim, as well as your deadlines for taking action to complete a claim and file an appeal of a denied claim.

Type of Claim or Appeal	Timing of Action or Response	
	Claims under the STD and LTD Plans	Claims under the Life Insurance and BTA Plans
If your claim is complete when filed and is denied, you will be notified in writing within:	45 days after receipt of your claim.	90 days after receipt of your claim.
If the claims administrator determines that special circumstances require an extension of time for processing your claim and notifies you in writing before the end of the initial determination period, the determination period may be extended an additional:	30 days.	90 days.
If the claims administrator again determines that special circumstances require an extension of time for processing your claim and notifies you in writing before the end of the first extension period, the determination period may be extended an additional:	30 days.	Not applicable.

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Type of Claim or Appeal	Timing of Action or Response	
	<i>Claims under the STD and LTD Plans</i>	<i>Claims under the Life Insurance and BTA Plans</i>
If the extension is necessary due to your failure to submit necessary information, you must submit that information in writing within:	45 days.  Note: The time period for deciding your claim is stopped from the date the claims administrator sends you the extension notification until the date you respond to the request for additional information, or if earlier, after 45 days.	60 days.  Note: The time period for deciding your claim is stopped from the date the claims administrator sends you the extension notification until the date you respond to the request for additional information, or if earlier, after 60 days.
You must appeal a denied claim in writing within:	180 days after receipt of the claim denial notice.	60 days after receipt of the claim denial notice.
The claims administrator must notify you of its determination on appeal in writing within:	45 days after receipt of the appeal.	60 days after receipt of the appeal.
If the claims administrator determines that special circumstances require an extension of time for processing your appeal and notifies you in writing before the end of the appeal determination period, the determination period may be extended an additional:	45 days.	60 days.
If the extension is necessary due to your failure to submit necessary information, you must submit that information in writing within:	45 days.  Note: The time period for deciding your claim is stopped from the date the claims administrator sends you the extension notification until the date you respond to the request for additional information, or if earlier, after 45 days.	60 days.  Note: The time period for deciding your claim is stopped from the date the claims administrator sends you the extension notification until the date you respond to the request for additional information, or if earlier, after 60 days.

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### Appeals of Denied Claims under the ERISA Plans

If your claim is denied, you can appeal the denial. You may also submit written comments, documents, records and other information relevant to your claim. Upon written request and free of charge, you have the right to reasonable access to and copies of all documents, records and other information relevant to the denial of your claim. To ask for copies of this information, contact the claims administrator for the applicable plan.

The tables in the “[Administrative Information for Component Benefit Plans](#)” subsection list the addresses to which you may file a written appeal of a denied claim under each of the ERISA plans.

#### Your Deadline to File an Appeal

You must file an appeal within the deadlines that are listed in the “[Timing of Claim Decisions and Appeals under the ERISA Plans](#)” table (in the “[Claims for Benefits under the ERISA Plans](#)” subsection). If you file an appeal after the applicable deadline, it will be denied automatically.

#### How to File an Appeal

You or your authorized representative can appeal the denial of your claim. You must file the appeal with the claims administrator for the applicable plan at the address listed in the “[Administrative Information for Component Benefit Plans](#)” subsection. Generally, your appeal must be in writing and include:

- Your name;
- The reason you believe the claim should be paid or coverage should be provided; and
- Any documentation or other written information to support your claim.

#### Appeal Process

In deciding an appeal, the claims administrator will take into account all comments, documents, records and other information submitted to support the appeal without regard to whether the information was submitted in connection with the claim for benefits.

#### Review of STD and LTD Appeals

STD and LTD appeals will be reviewed without deference to the initial decision on your claim. Your appeal will be reviewed by an individual who did not decide your initial claim and is not a subordinate of the individual who decided your initial claim. If review of your appeal requires the exercise of medical judgment, the claims administrator will consult a health care professional who has expertise in the appropriate field of medicine and who was not involved in the prior decision. If the claims administrator consults with medical or vocational experts as part of its review, the medical or vocational expert will be identified to you.

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For STD and LTD claims, the claims administrator will also provide you the following information, free of charge, before any denial of your appeal:

- Any new or additional evidence considered, relied upon, or generated in connection with your claim, and
- Any new or additional rationale used to decide your appeal.

This information will be provided as soon as possible and sufficiently in advance of the date on which your appeal is decided to give you a reasonable opportunity to respond.

### Deadlines for Deciding Appeals

The claims administrator must decide and respond to your properly submitted and complete appeal within a reasonable time, and no later than the deadlines that are listed in the [“Timing of Claim Decisions and Appeals under the ERISA Plans”](#) table.

### The Claims Administrator’s Decision on Your Appeal

The claims administrator will respond in writing (delivered by paper or electronically) to all appeals. If your appeal is denied, the written denial will include the reason for the denial, reference to the relevant plan provision(s) on which the denial is based and other information that is required by federal regulation. If your appeal is denied, upon written request you have the right to reasonable access to and copies of, free of charge, all documents, records and other information relevant to the denial of your appeal.

### Your Remedy If Your Claim and Appeals Are Denied

If your claim for benefits and your appeals are denied, your sole remedy under the ERISA plans is to bring an action under ERISA Section 502(a) to recover any benefits you think the applicable plan owes to you. You can bring suit in the U.S. District Court and for the District of Minnesota unless the terms of an insured plan specify a different venue. Before bringing suit, you must first exhaust the claim review and appeal procedures.

### Your Deadline to Bring a Lawsuit

Unless the individual section of the Handbook for a particular benefit plan provides a different deadline, if you file your claim within the required time and complete the entire claim and appeals procedure, you must commence any lawsuit within six months after the claim and appeals procedure is complete. In all events, you must commence the lawsuit within one year after the date you know or reasonably should know the principal facts upon which your claim is based.

### Exhaustion of Claim and Appeals Procedure

Completing the claim and appeals procedure is mandatory for resolving every claim and dispute arising under the plans subject to ERISA and discussed in this [Administrative Information](#) section. In any legal action brought after you have exhausted the claim and appeals procedure, all determinations made by the claims administrator will be afforded the maximum deference permitted by law.

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## Your Rights under ERISA

These ERISA rights and protections apply only to the ERISA plans and do not apply to any of the Non-ERISA plans. If you are enrolled in any of the Company's benefit plans that are subject to the Employee Retirement Income Security Act of 1974 (ERISA) and described in this "[Administrative Information](#)" section, ERISA provides certain rights and protections to you as follows:

### Obtain Information about Your Plan and Benefits

You have the right to certain information about the ERISA plans and your benefits under them, including the right to:

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, certain documents governing the plan, including the applicable plan document, if any, insurance contracts and any collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of certain documents governing the Plan, including the UHG Inc. Group Benefits Plan Document, other applicable plan documents, insurance contracts, any collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) for the Plan. The plan administrator may make a reasonable charge for the copies.
- Request and receive a copy of the Handbook.
- Receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate your plans, called "fiduciaries" of the plans, have a duty to administer the plans prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a plan benefit or exercising your rights under ERISA.

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### Enforce Your Rights

If your claim for a plan benefit is denied or ignored, in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce these ERISA rights:

- If you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator.
- If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court if you have exhausted the Plan's claims procedures.
- In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in a federal court if you have exhausted the Plan's claims procedures.
- If a Plan fiduciary misuses the applicable Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay the costs and fees. If you lose, the court may order you to pay the costs and fees, for example, if it finds your claim to be frivolous.

### Assistance with Your Questions

For answers to questions about the ERISA plans, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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For case management, advance approval, forms, questions or provider directories for the plans addressed in this Handbook, refer to the below.

For information on claim submission and appeal processes, see the “[Administrative Information](#)” section.

Plan	Name and Phone Number	Web Address
<b><a href="#">Disability Coverage</a></b> <ul style="list-style-type: none"> <li>■ <a href="#">Short-Term Disability</a></li> <li>■ <a href="#">Long-Term Disability</a></li> </ul>	STD: Sedgwick 866-697-8122  LTD: The Hartford 877-591-2764	<a href="https://benefitsenroll.uhg.com">https://benefitsenroll.uhg.com</a>
<b><a href="#">Life Insurance and AD&amp;D Benefit</a></b> <ul style="list-style-type: none"> <li>■ Employee Basic Life Insurance with AD&amp;D Benefit</li> <li>■ Employee Supplemental Life Insurance with AD&amp;D Benefit</li> <li>■ Spouse/Domestic Partner Life Insurance with AD&amp;D Benefit</li> <li>■ Child(ren) Life Insurance</li> </ul>	HRdirect: 800-561-0861	<a href="https://benefitsenroll.uhg.com">https://benefitsenroll.uhg.com</a>
For Minnesota Continuation (life insurance)	UnitedHealthcare Benefit Services (UBS): 866-747-0048	N/A
<ul style="list-style-type: none"> <li>■ Conversion (Life Insurance)</li> </ul>	HRMP 888-999-4767	<a href="http://www.uhclifeconv.com">http://www.uhclifeconv.com</a>
<b><a href="#">Business Travel Accident (BTA) Insurance</a></b>	HRdirect: 800-561-0861	For BTA: Contact Enterprise Risk Financing and Insurance at <a href="mailto:EIS@uhg.com">EIS@uhg.com</a>

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This section provides definitions of common terms that apply to one or more of the benefits described in this Handbook.

### Acquired Employee

An individual who is an employee of an acquired employer on the day that UHG or one of its affiliates acquires the acquired employer and who becomes an employee of UHG or its affiliate as a direct result of the acquisition.

### Acquired Employer

An entity that UHG, or one of its affiliates, acquires in an acquisition.

### Acquisition

A corporate transaction, such as a stock purchase, asset purchase or similar transaction, through which UHG or one of its affiliates acquires an acquired employer and the acquired employer is determined to be a member of the UHG control group.

### Active Treatment

*For STD:*

A treatment plan that includes but is not limited to face-to-face individual therapy with an independently licensed psychotherapist at least twice a month.

### Actively at Work or Active Work

For purposes of the STD plan and Life Insurance plan, actively at work means you are physically present at your regular worksite, or an alternative site if on official UHG business, with the intent and ability to work the scheduled hours and perform the normal duties of your job.

For purposes of the LTD and Life/AD&D plans, it means you are performing with reasonable continuity all the material duties of your own occupation on your normal (i.e., part-time or full-time) basis at UHG's usual place of business, a location to which UHG's business requires you to travel, or your home, if that is the business location that UHG has agreed to and you are physically able to work at another location if UHG requires it.

Actively at work includes regularly scheduled days, holidays and vacation days, as long as you are capable of active work on those days. If you are incapable of active work on the day before your coverage effective date because of a medical condition, your coverage will not begin until you complete a full day of active work as an eligible employee.

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## Base Pay

*For Life/AD&D:*

Base pay is your annual rate of pay, including shift differentials (as part of your regular earnings — shift differential is based on the 12-month period that ends on August 31 of the calendar year that precedes the calendar year for which coverage will be in effect) but excluding other forms of compensation including overtime, all forms of incentive compensation, bonus payments, commissions and amounts received from exercise of stock options.

## Basic STD Coverage

The STD coverage that is provided and paid for by the Company and that provides a benefit of 60% of your predisability earnings when you are disabled.

## Beneficiary

The designated beneficiary(ies) or default beneficiary who will receive benefits payable under the Life Insurance and AD&D Benefit plan in the event you die.

## Benefit Compensation

For the Life Insurance and AD&D Benefit plan, your base pay, as of the later of August 31 that precedes the annual Open Enrollment Period for a calendar year, your hire date or the date you transfer to an eligible employee class; plus the average of the incentive compensation paid to you during the two-year period that ends on August 31 of the calendar year that precedes the calendar year for which coverage will be in effect. (If you only received incentive compensation in one year out of the past two, your one year of incentive compensation will be used).

Your benefit compensation is calculated once each year on August 31 for coverage that will be effective on January 1 of the following year. If your base pay increases or decreases during the year, your benefit compensation will not change.

## The Hub or Benefits Site

The online resources that explain or contain the Company's policies, procedures, forms, handbooks and other information related to benefits, compensation, payroll, employment practices and policies, and other Human Capital-related matters. The websites are accessible when you're at work via The Hub, UHG's intranet home page, and is accessible when you're at home through <https://hub.uhg.com> or <https://benefitsenroll.uhg.com>.

## Claims Administrator

*For STD:*

Sedgwick Claims Management Services (Sedgwick).

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*For LTD:*

Hartford Life and Accident Insurance Company (The Hartford) is the insurer and claims administrator for LTD benefits.

### Component Benefit Plan

The Short-Term Disability plan, the Long-Term Disability plan, the Life Insurance and AD&D Benefit plan and the Business Travel Accident Insurance plan, which are component benefit plans of the UHG Inc. Group Benefits Plan.

### Coverage Effective Date

Your coverage effective date is different for different benefits and is stated in the “[What You Need to Know to Enroll!](#)” subsection. If you are a newly hired eligible employee, your coverage effective date for many benefits is the first day of the month following your hire date, and for others it is your hire date. If you are a newly reclassified eligible employee, your coverage effective date for many benefits is the first day of the month following the effective date of your reclassification as an eligible employee, and for others it is the date your reclassification is effective.

### Current Monthly Earnings

*For LTD:*

Current monthly earnings means monthly earnings you receive from:

- The Company; and
  - other employment;
- while you are disabled.

However, if the other employment is a job you held in addition to your job with the Company, then during any period that you are entitled to benefits for being disabled from your own occupation, only the portion of your earnings that exceeds your average earnings from the other employer over the 6-month period just before you became disabled will count as current monthly earnings.

Current monthly earnings also includes the pay you could have received for another job or a modified job if:

- such job was offered to you by the Company, or another employer, and you refused the offer; and
- the requirements of the position were consistent with:
  - your education, training and experience; and
  - your capabilities as medically substantiated by your physician.

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## Deductible Income

*For LTD:*

Various types of income, benefits and current monthly earnings that reduce your gross monthly benefit under the LTD plan. The “Definitions” section under “Other Income Benefits” in the certificate of coverage provides additional information.

## Default Beneficiary

The person or persons who, in the absence of a properly completed and timely filed “Beneficiary Designation Form for Life Insurance” will receive any benefits payable because of your death. See the “[Beneficiary Designation](#)” subsection for additional information.

## Designated Beneficiary

The person or persons whom you specifically name as beneficiary(ies) on a properly completed Beneficiary Designation that you file with HRdirect or enter into the benefits enrollment system during your lifetime and while you are employed by the Company. See the “[Beneficiary Designation](#)” subsection for additional information.

## Disability or Disabled

*For STD:*

You are unable to perform with reasonable continuity the material duties of your own occupation because of a non-work-related medical condition.

*For LTD:*

As a result of a medical condition, you are unable to perform with reasonable continuity the material duties of your own occupation (during the LTD waiting period and the initial 24 months of LTD benefits) or any occupation (after the initial 24 months of LTD benefits) and are unable to earn more than a specified percentage of your predisability earnings, as further explained (for the two different time periods) in the LTD certificate of coverage.

## Domestic Partner

A person who meets the definition of a domestic partner, which is stated in the “[Who Is Eligible](#)” subsection.

## Eligibility Date

The date or dates as of which a newly hired eligible employee or an existing newly reclassified and newly eligible employee is first eligible to elect some or all of the benefit plans that are summarized in this Handbook.

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### Eligible Dependents

The persons whom you can elect to enroll in coverage under the Life Insurance plan. They are defined more thoroughly in the “[Eligible Dependents](#)” subsection.

### Eligible Employees

The classes of employees the Company has determined are eligible to participate in some or all of the benefit plans that are described in this Handbook, as listed in the “[Eligible Employees](#)” subsection.

UHG’s classification controls the employee’s eligibility or ineligibility, even if the classification is in error or UHG subsequently agrees to a reclassification.

### Enrollment Deadline

The deadline or deadlines by which an eligible employee must take action to enroll in many of the benefit plans that are explained in this Handbook. There are three different enrollment deadlines:

- The initial enrollment deadline, the date by which a newly hired or reclassified eligible employee must take action to enroll in coverage under certain benefit plans for the first time. The initial enrollment deadline is the 30th day following the eligible employee’s hire date or reclassification as an eligible employee.
- The Open Enrollment deadline, the deadline that is identified from year to year in the “Benefits Enrollment Guide” that is provided to eligible employees shortly before the start of the annual Open Enrollment Period.
- The life event deadline, the date by which an eligible employee must take action to enroll in or change coverage under certain benefit plans during the calendar year. See the “[Life Events](#)” section for the deadlines per each type of event.

### ERISA

The Employee Retirement Income Security Act of 1974, as amended from time to time.

### Evidence of Insurability (EOI)

Information that the insurer requires that you provide or a physician examination the insurer requires that you undergo before it will approve your Life Insurance coverage.

### Executive Leadership Team

A classification of employees that is recognized in UnitedHealth Group’s Human Resources Information System and that is composed of named members of senior management.

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### Functional Analysis Review

*For STD:*

A review of your ability to perform various physical functions (for example, lifting, standing, reaching and walking).

### Hire Date

For purposes of determining eligibility of a newly hired employee to participate in UHG's benefit plans (and subject to all of the terms of the plans), the first day as of which the newly hired person is entered as an employee on the payroll and personnel records of UHG or an affiliate.

For purposes of determining the eligibility of an acquired employee to participate in UHG's benefit plans (and subject to all of the terms of the plans), special rules apply that are explained in the Transition Guide and Calendar or similar document for each acquisition and/or in separate materials that are provided to acquired employees shortly before they become eligible to participate.

### Incentive Compensation

*For Life Insurance and AD&D:*

- Your amount of Life/AD&D coverage, and depending on your salary grade level, your incentive compensation may include incentive opportunities through performance-based compensation as defined in the Rewarding Results Plan (including Bravo awards), sales incentives and commissions, and the Quarterly Variable Compensation (QVC) plans and programs.
- Your incentive compensation does not include any overtime pay or amounts received pursuant to the exercise of the Company stock options. It also does not include one-time special payments or awards, such as Bravo.

### Initial Enrollment Deadline

The 30th day following your hire date or reclassification as an eligible employee.

### Insurer

Under the LTD plan, and until the Company in its sole discretion chooses otherwise, Hartford Life and Accident Insurance Company (The Hartford). The Hartford, as part of its role as the LTD plan insurer, is the claims administrator for LTD benefits.

Under the Life Insurance and AD&D Benefit plan, and until the Company in its sole discretion chooses otherwise, United Healthcare Insurance Company (UHIC). UnitedHealthcare Insurance Company, as part of its role as the Life Insurance/AD&D Benefit plan insurer, is the claims administrator for Life/AD&D benefits.

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### Material Duties

*For STD:*

The essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will the claims administrator consider working an average of more than 40 hours per week to be a material duty.

### Maximum Benefit Period

*For STD:*

The maximum 180-calendar-day period of time during which the plan will pay benefits for any one disability.

### Medical Condition

*For STD:*

Illness, physical disease, injury, pregnancy and/or mental disorder and substance use disorder or dependence.

### Medical Evidence

*For STD:*

Clear documentation, provided by the physician supporting your disability, of functional impairments and functional limitations due to a medically determinable impairment that would prevent you from performing the material duties of your own occupation safely and/or adequately.

### Medically Determinable Impairment

*For STD:*

An impairment that results from an anatomical, physiological or psychological abnormality that can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms and laboratory findings, and not only by the individual's statement of symptoms.

### Mental Disorder

*For STD:*

Any mental, emotional, behavioral, psychological, personality, cognitive, mood- or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

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### Mental Health Provider

*For STD:*

A physician or other health care practitioner who is independently licensed, certified or otherwise authorized, pursuant to the law of the jurisdiction in which care or treatment is received, to treat mental disorders.

### Open Enrollment Period

The annual period during which eligible employees have an opportunity to change their coverage elections and contribution levels under certain of UHG's benefit plans for the next calendar plan year. The annual Open Enrollment Period typically occurs in October each year, but it can vary from year to year.

### Own Occupation

*For STD:*

Any employment business, trade, profession, calling or vocation that involves material duties of the same general character as the occupation you are regularly performing for the Company when your disability begins. In determining your own occupation, the plan administrator is not limited to looking at the way you perform your job for your employer but may also look at the way the occupation is generally performed in the national economy. If your own occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your own occupation is as broad as the scope of your license.

### Participating Employer

An affiliate of UHG that UHG permits to participate in all or some of the benefit plans that are explained in this Handbook. The affiliates that are permitted to participate are listed in the "[Participating Employers](#)" subsection. The list of participating employers changes from time to time, in UHG's discretion.

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## Physician

*For STD:*

A medical practitioner of a healing art that is recognized by applicable state law who:

- Is either an M.D., D.O., or a legally qualified practitioner of a healing art that the law requires to be recognized as a physician;
- Is practicing within the scope of a current United States or Canadian license issued to him or her;
- Is certified or credentialed by the appropriate United States or Canadian medical or professional board that provides certification or credentialing for practitioners who perform the type of treatment or service such practitioner is providing to you for your medical condition; and
- Possesses the necessary training and qualifications, according to generally accepted medical standards, to evaluate and treat your medical condition.

The term physician does not include you, anyone related to you by blood or marriage, or anyone living in your household.

## Plan

The UHG Inc. Group Benefits Plan.

## Plan Administrator

The UnitedHealth Group Employee Benefits Plans Administrative Committee (the Committee) serves as the plan administrator to administer the benefit plans described in this Handbook. The plan administrator (and any other persons or entities to whom the plan administrator delegates fiduciary authority and duties) has the sole and exclusive authority and discretion to interpret the benefit plans' terms and benefits under them, and to make factual and legal decisions about them.

The plan administrator has the authority to delegate, and has delegated, certain authority and duties to other parties, who are third-party administrators, fiduciaries and/or trustees.

## Predisability Earnings

*For STD:*

Your base pay (based on your regularly scheduled hours) in effect on your last full day of being actively at work preceding the date you became disabled. Any subsequent change to your base pay after that last full day of being actively at work will not change your predisability earnings. If you are an eligible employee whose pay includes commissions, predisability earnings include your base pay plus the average commissions the Company paid to you during the two-year period ending on August 31 of the calendar year that precedes the calendar year for which coverage will be in effect (if you only received commissions in one-year out of the past two, your one-year of commissions will be used and will not be averaged).

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Predisability earnings do not include:

- Incentive opportunities through performance-based compensation as defined in the Rewarding Results Plan, sales incentives and commissions, and the Quarterly Variable Compensation (QVC) plans and programs;
- Overtime pay;
- Amounts received pursuant to the exercise of UnitedHealth Group stock options; and
- One-time special payments or awards (such as Bravo).

#### Regular and Appropriate Care

*For STD:*

Means:

- You are actually receiving care as often as medically required from a physician whose specialty or experience is the most appropriate for your disability;
- The treatment conforms with generally accepted medical standards for treating your medical condition;
- You are required to participate in treatment at the intensity and frequency that are consistent with your medical condition;
- You are required to be seen face-to-face (including tele-visits) by a physician for all assessments and treatment;
- You are required to be receiving appropriate physical and/or psychological rehabilitative services; and
- If you are claiming benefits due to a mental disorder, you are required to be in active treatment with an independently licensed mental health provider.

#### Regular Full-Time Employee

- An employee of a participating employer who is classified on the U.S. payroll and personnel records of the participating employer as an employee who is regularly scheduled to work at least 35 hours per week and as an employee who is not a collectively bargained employee.

#### Regular Part-Time Employee

- An employee of a participating employer who is classified on the U.S. payroll and personnel records of the participating employer as an employee who is regularly scheduled to work 1-34 hours per week (regardless of the hours actually worked) and as an employee who is not a collectively bargained employee.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.

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## Repayment Agreement

*For STD:*

An agreement that you enter into with the Company and under which you agree to repay any amounts that you are overpaid, whether from the Company or as a result of funds you receive from a State Disability Program that would reduce your benefits under the STD plan. In exchange for this agreement, the STD plan will pay benefits to you before you receive approval or disapproval of your claim for disability benefits from the state.

## Social Security Act

The law that created Medicare, Medicaid and other federal programs, including Title II, Old Age, Survivors and Disability Insurance.

## Spouse

A person who meets the definition of a spouse, which is stated in the “[Eligible Dependents](#)” subsection. For the Life Insurance and AD&D Benefit plan, reference to spouse includes a domestic partner.

## STD Benefit

Your Basic STD coverage or your Supplemental STD coverage, as applicable.

## STD Waiting Period

A period of five consecutive business days (which is also a seven-consecutive-calendar-day period) during which you are employed with the Company and are disabled.

## Substance Use Disorder or Dependence

*For STD:*

The continued use of alcohol, drugs or medicines or any chemical compound not intended for introduction into the human body and resulting illness or mental disorder that is characterized by any of the following:

- Severe impairment in social and/or occupation functioning;
- Severely debilitating physical condition;
- Inability to abstain from or reduce consumption of a substance; or
- The need for daily use of a substance to function.

Substance includes alcohol and drugs but excludes tobacco and caffeine.

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### Supplemental STD Coverage

The level of STD coverage that you may purchase during designated annual Open Enrollment Periods, which provides a benefit of 20% of your predisability earnings. If you purchase it, your total benefit under the STD plan increases to 80% of your predisability earnings.

### Temporary Employee

An individual who is hired by an affiliate of UHG to work a full-time or part-time schedule for a special project(s) or on a short-term or intermittent basis, and who is classified on its payroll and personnel records as a temporary employee.

### Totally Disabled

*For Life Insurance and AD&D Benefit plan:*

Means you are unable to perform each and every duty of your occupation at your customary place of work and are unable to do the material and substantial duties of any job suited to your education, training or experience.

### Transition Guide and Calendar

The guide or similar document that is prepared for each acquisition that explains the manner in which acquired employees who are eligible employees will become eligible to participate in UHG's benefit plans. The terms of the Transition Guide and Calendar vary from acquisition to acquisition. The name of the Transition Guide and Calendar may also change from time to time.

### UHG Inc. Group Benefits Plan

The UHG Inc. Group Benefits Plan is UnitedHealth Group's formal ERISA plan. The benefit plans described in this Handbook are all components of the UHG Inc. Group Benefits Plan.

Note: Please refer to the "[Glossary](#)" section if you are unfamiliar with a particular word or phrase.