

UnitedHealthcare

Critical Illness Plan Proposal for City of Round Rock

Effective Date: 01/01/2024

Critical Illness Protection Plan		
Prospect Name	City of Round Rock	
Proposed Effective Date	1/1/2024	
Eligibility	All active, full time employees working a minimum of 30 hours per week	
Funding Type	Voluntary	
Covered Conditions	Base Conditions, Additional Conditions, Child-Only Conditions	
Benefits Payable		
	Voluntary Benefits	
	Option 1	
Employee Guarantee Issue	\$20,000	
Spouse Guarantee Issue	\$10,000	
Child(ren) Guarantee Issue	\$5,000	
Employee must purchase coverage in order to purchase dependent coverage.		
*If employee elects these coverage options for themselves, they may also choose from lower coverage options for Spouse and Children		
Portability	Included at Employer's group rate with age limit of 75.	
Telephonic Claim Submission	Included	
Reoccurrence Benefit	50% of maximum benefit amount payable upon the subsequent diagnosis of a Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months, during which time there has been no treatment for that condition.	
Additional Occurrence Benefit	100% of maximum benefit amount payable per covered employee or dependent for a different covered condition. Diagnosis dates must be separated by at least 90 Days.	
Limitations and Exclusions		
Benefit Reduction	50% benefit reduction at age 70	
Coverage Termination	At Retirement	
Optional Benefits		
Wellness Benefit Rider	\$50	
Assumed Enrollment and Rates		
Number of Eligible Lives	986	
Rating Basis	Attained Age	
Rate Type- Employee/Spouse Voluntary Benefit	Age Banded Uni-Tobacco rates per \$1,000	
Rate Type-Child(ren) Voluntary Benefit	Composite Rate per \$1,000	
Monthly Rate - Employee	Age Range	Uni-Tobacco
	Under 25	\$0.21
	25-29	\$0.28
	30-34	\$0.35
	35-39	\$0.48
	40-44	\$0.73
	45-49	\$1.18
	50-54	\$1.67
	55-59	\$2.21
	60-64	\$2.98
	65-69	\$4.22
Monthly Rate - Spouse	Age Range	Uni-Tobacco
	Under 25	\$0.20
	25-29	\$0.27
	30-34	\$0.35
	35-39	\$0.47
	40-44	\$0.70
	45-49	\$1.03
	50-54	\$1.42
	55-59	\$1.90
	60-64	\$2.89
	65-69	\$3.79
Monthly Rate - Child(ren)		\$0.13
Employer Contribution-Employee	0%	
Participation Requirements	Waived	
Broker Commissions	Flat 15.0%	
Rates Guaranteed For	36 months	
Implementation/Marketing Credit	One time implementation credit up to \$850	

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Proposed Critical Illness Plan Monthly Premium for City of Round Rock

Effective Date: 01/01/2024

Voluntary Offer

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

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

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Proposed Critical Illness Plan Designs for City of Round Rock

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Base + Additional + Child-Only Conditions

Base Covered Conditions	% of Maximum Benefit Amount Payable per Insured
Benign Brain Tumor	100%
Cancer - Invasive	100%
Cancer - Non-Invasive	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
Additional Covered Conditions	
Amyotrophic lateral sclerosis (ALS)	100%
Complete Blindness	100%
Complete Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
Child Only Covered Conditions	
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount
Spina Bifida	25% of Employee's Amount