### Synopsys

#### Summary of Benefits Critical Illness Protection Plan



| Effective Date | 1-Jan-25   |
|----------------|--|
| Eligibility    | All active, full-time employees working a minimum of 20 hours per week.  |
|                | You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect. |

| Covered Critical Illness Conditions |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|
| Base Conditions                     | Percentage of Maximum Benefit Amount payable per Covered Person or |  |  |  |  |  |
|                                     | Dependent  |  |  |  |  |  |
| 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 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   |  |  |  |  |  |
|                                     |  |  |  |  |  |  |
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|                                     |  |  |  |  |  |  |

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

| Benefits Rider                                   |     |  |  |
|--|-----|--|--|
| Addison's Disease                                | 25% |  |  |
| Cerebrospinal Meningitis (bacterial)             | 25% |  |  |
| Diptheria  | 25% |  |  |
| Encephalitis                                     | 25% |  |  |
| Huntington's Disease (Huntington's Chorea)       | 25% |  |  |
| Legionnaire's Disease                            | 25% |  |  |
| Malaria  | 25% |  |  |
| Myasthenia Gravis                                | 25% |  |  |
| Necrotizing Fasciitis                            | 25% |  |  |
| Osteomyelitis                                    | 25% |  |  |
| Poliomyelitis                                    | 25% |  |  |
| Rabies   | 25% |  |  |
| Sickle Cell Anemia (excluding Sickle Cell Trait) | 25% |  |  |
| Systemic Lupus Erythematosus (SLE)               | 25% |  |  |
| Systemic Sclerosis (Scleroderma)                 | 25% |  |  |
| Tetanus  | 25% |  |  |
| Tuberculosis                                     | 25% |  |  |
|  |     |  |  |
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|  |     |  |  |

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#### Summary of Benefits Critical Illness Protection Plan

| Voluntary Benefits                 |                        |          |  |  |  |  |
|------------------------------------|------------------------|----------|--|--|--|--|
|                                    | Employee Paid Benefits |          |  |  |  |  |
| Voluntary Benefits                 | Option 1               | Option 2 |  |  |  |  |
| Employee Guarantee Issue Benefit   | \$15,000               | \$30,000 |  |  |  |  |
| Spouse Guarantee Issue Benefit     | \$15,000               | \$30,000 |  |  |  |  |
| Child(ren) Guarantee Issue Benefit | \$7,500                | \$15,000 |  |  |  |  |

- Employee must purchase coverage in order to purchase dependent coverage

| Additional Benefits    |   |  |
|------------------------|---|--|
| Reoccurrence Benefit   | 100% of Benefit Amount for Base Conditions payable per Covered Person or Dependent                      |  |
| Additional Occurrence  | 100% of the benefit amount payable per covered employee or dependent for a different covered condition. |  |
| Wellness Benefit Rider | \$50, Employee Paid for Employee and Insured Spouse   |  |
| Portability            | Included  |  |

#### **Important Details**

This Summary of Benefits sheet is an overview of the Critical Illness Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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Dependent children are covered to age 26

#### **Exclusions and Renewal Provisions:**

The Policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony; war; use of alcohol or the nonmedical use of drugs; while on active duty in any armed forces except under the policy's Continuation during leave provision; cosmetic or elective surgery; or any Critical Illness with a date of diagnosis prior to the effective date.\*

\*Some state variations may apply

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the Policy; or benefits have been fully paid for qualifying conditions or the Policy terminates. The Policy is renewable at the option of the company. See the Policy for terms and periods related to continuation during approved leaves.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor.

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