



UnitedHealthcare Benefit Ally[®] — value description of benefits

Accident benefit schedule

Initial care

Benefit	Value
Physician's visit or urgent care visit	\$50
Emergency care treatment	\$100
Ground ambulance	\$200
Air ambulance	\$1,200

Follow-up care

Benefit	Value
Appliances	Up to \$150
Wheelchair	\$150
Knee scooter	\$150
Knee immobilizer	\$150
Lumbar spine brace	\$150
Walking boot	\$100
Walker	\$100
Crutches	\$100
Leg brace	\$100
Cervical collar	\$100

Accident Protection benefits payable after a covered accident.
Actual benefits may vary. Please refer to the Certificate of Coverage for complete benefit details.

Cane	\$50
Ankle brace	\$50
Ankle boot	\$50
Air cast	\$50
Follow-up physician (physicians office or virtual visit)	\$50
Major diagnostic exam benefit	\$175
Minor diagnostic exam benefit	\$50

Common injuries

Covered condition	Value
Concussions	\$100
Ruptured/herniated disk	\$100
Lacerations	\$50
Dislocation benefit (open reduction)	Up to \$1,200
Hip	\$1,200
Elbow	\$300
Foot (excluding toes)	\$240
Hand	\$240
Kneecap (patella)	\$240
Lower jaw	\$240
Shoulder blade	\$240
Wrist	\$240
Ankle	\$240
Collarbone (sternoclavicular)	\$240
Collarbone (acromio and separation)	\$120
Finger	\$120
Toe	\$120
Dislocation (closed reduction)	50% of open reduction

Accident Protection benefits payable after a covered accident.
Actual benefits may vary. Please refer to the Certificate of Coverage for complete benefit details.

Covered condition	Value
Fracture benefit (open reduction)	Up to \$2,500
Hip, thigh (femur)	\$2,500
Skull (depressed, except bones of face or nose)	\$2,500
Sternum	\$2,500
Leg (from top of tibia to ankle joint)	\$1,250
Pelvis (excluding coccyx)	\$1,500
Skull (simple, except bones of face or nose)	\$1,250
Vertebrae (body of)	\$1,500
Face or nose (except teeth)	\$750
Sacral/sacrum	\$750
Upper arm (elbow to shoulder)	\$600
Upper jaw (except alveolar process)	\$600
Lower jaw (except alveolar process)	\$600
Ankle	\$600
Foot (excluding toes)	\$600
Forearm, hand, wrist (except fingers)	\$600
Kneecap	\$600
Shoulder blade or collarbone	\$600
Vertebral process	\$600
Coccyx	\$300
Finger or toe	\$300
Fracture (closed reduction)	50% of open reduction amount
Chip fracture	25% of closed reduction amount

Accident Protection benefits payable after a covered accident.
Actual benefits may vary. Please refer to the Certificate of Coverage for complete benefit details.

Critical illness benefit schedule

Covered condition	Value
Benign brain tumor	\$3,000
Cancer - invasive	\$3,000
Chronic renal failure	\$3,000
Coma	\$3,000
Heart attack	\$3,000
Heart failure	\$3,000
Major organ failure	\$3,000
Permanent paralysis	\$3,000
Ruptured aneurysm	\$3,000
Stroke	\$3,000
Cancer - non-invasive	\$3,000
Coronary artery disease	\$750

Critical illness benefits payable after a covered critical illness diagnosis.
Actual benefits may vary. Please refer to the Certificate of Coverage for complete benefit details.

Hospital indemnity

Announcement: Required Hospital Indemnity Disclosure

The Departments of Labor, Treasury and Health and Human Services (the “Tri-Agencies”) now require a consumer notice be incorporated into materials related to both Group and Individual Hospital Indemnity Insurance. This federal mandate applies to all carriers offering these products.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you’re sick or hospitalized. You’re still responsible for paying the cost of your care.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website ([naic.org](https://www.naic.org)) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact the employer.

Benefit schedule	Value	Details
Hospital admission	\$300	Max 1 admission per year
Hospital confinement	\$100	Pays per day up to 59 days per year
ICU confinement	\$100	Pays per day up to 59 days per year

Hospital Indemnity benefits payable after a covered hospital indemnity event.

Actual benefits may vary. Please refer to the Certificate of Coverage for complete benefit details.

Accident, hospital indemnity and critical illness plan: one year rate guarantee, no waiver of premium, no portability, no pre-ex.

Accident and hospital indemnity plan: spouse and children paid at 100%.

Critical illness plan: spouse paid at 100% of employee; children paid at 50%. Different benefits apply in ID and NJ. See your plan documents for details.

[Learn more](#)

Contact your UnitedHealthcare representative for more information

United
Healthcare®

Available to groups 100+. These products are not available in all states. Benefit Ally not available to residents of New Mexico.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

This Description of Benefits is an overview of the 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 Description of Benefits and the insurance policy, the terms of the insurance policy apply.

THESE POLICIES PROVIDE LIMITED BENEFITS.

UnitedHealthcare Benefit Ally® offers Accident Protection, Critical Illness, and Hospital Indemnity products provided by UnitedHealthcare Insurance Company. Each product provides separate limited benefits. Accident Protection, Critical Illness and Hospital Indemnity coverages are NOT considered "minimum essential coverage" under the Affordable Care Act and therefore none of the products satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. These products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

Health insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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