



Benefits designed with care

Explore your plan options for:
Hospital Indemnity Protection Plan



Brown & Brown, Inc.
Group Number: 306944

United
Healthcare

 **Brown & Brown**
INSURANCE®



Hospital Indemnity Protection

Scan with your phone to learn more about your Hospital Indemnity Plan.

Help protect yourself from the high costs of hospital care

Even with health insurance, a hospital stay can mean big out-of-pocket costs. The Hospital Indemnity Protection Plan covers hospital admission, hospital confinement and intensive care unit confinement. You'll get a direct cash payment to use any way you choose — giving you extra financial help so you can focus on feeling better.

Get a direct payment after hospital care

Covered hospital expenses include:

- Hospital admission
- Hospital confinement
- Intensive Care Unit (ICU) admission
- ICU confinement (for coverage details, see your official benefit plan documents)

Use the money any way you choose

Use your payments for:

- Health plan deductible and other costs such as medications, rehabilitation and transportation
- Bills and living expenses

How Hospital Indemnity Protection works—an example

Clark suffered head and shoulder injuries in an accident and was taken by ambulance to the emergency room. Following an evaluation, Clark was admitted to the hospital for continued treatment of his injuries. Here's how his Hospital Indemnity coverage paid out over the plan year.

Hospital Indemnity Plan – Option 1	Payment
Hospital admission (1 day)	\$1,000
ICU admission (1 day)	\$1,000
Hospital confinement (4 days)	\$400
ICU confinement (4 days)	\$800
Total:	\$3,200

Hospital Indemnity Plan – Option 2	Payment
Hospital admission (1 day)	\$2,000
ICU admission (1 day)	\$2,000
Hospital confinement (4 days)	\$800
ICU confinement (4 days)	\$1,600
Total:	\$6,400

Total cash benefit paid to Clark

\$3,200

Total cash benefit paid to Clark

\$6,400

See specific coverage details in the Benefits Summary section of this guide.



Benefit Assist

For a faster benefit payout

When you enroll in UnitedHealthcare health and supplemental health plans, you also receive Benefit Assist. A Benefit Assistant will reach out if any medical claims may qualify for a benefit payout, so you can get your payment sooner.

Hospital Indemnity Protection Plan

Summary of Benefits provided by UnitedHealthcare

Effective date	April 1, 2022	
Eligibility	All active regular full-time teammates	
Plan design	HIPPP Plan	
Coverage level	Base + Enhanced	
Pre-existing conditions exclusion	None	
Portability	Included	
Telephonic claim submission	Included	
Base + Enhanced Plan benefits	Option 1	Option 2
Hospital admission <i>(up to 365 days/plan year)</i>	\$1,000 (+\$100 for newborn)	\$2,000 (+\$200 for newborn)
Hospital confinement <i>(up to 364 days/plan year)</i>	\$100 (+\$100 for newborn)	\$200 (+\$200 for newborn)
ICU confinement <i>(up to 364 days/plan year)</i>	\$200	\$400
ICU admission <i>(up to 365 days/plan year)</i>	\$1,000	\$2,000
Short stay & observation <i>(up to 23 hours/plan year)</i>	\$100	\$200
Benefits	Payable description	
Base + Enhanced Plan benefits		
Hospital admission	Up to 365 days per plan year per insured with no separation period between admissions	
Hospital confinement	Up to 364 days per plan year per insured	
ICU confinement	Up to 364 days per plan year per insured	
ICU admission	Up to 365 days per plan year per insured with no separation period between admissions	
Short stay & observation	Up to 23 hours per plan year per insured	



Hospital Indemnity rates

Coverage is voluntary and must be elected. Pay period rates shown below are semi monthly rates. Double the rates below for teammates paid monthly.

Hospital Indemnity — Option 1	Rates
Teammate Only	\$4.11
Teammate + Spouse	\$8.23
Teammate + Child(ren)	\$7.22
Teammate + Family	\$12.09

Hospital Indemnity — Option 2	Rates
Teammate Only	\$8.23
Teammate + Spouse	\$16.46
Teammate + Child(ren)	\$14.44
Teammate + Family	\$24.17

Exclusions and limitations

This certificate does not cover any loss caused by or resulting from (directly or indirectly):

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation during Leave of Absence provision)
3. Any intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Taking part in the commission of an assault or being engaged in an illegal activity
7. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (inpatient) if covered under this policy
8. Cosmetic or elective surgery
9. Treatment received outside the United States or its territories
10. The reversal of a tubal ligation or vasectomy
11. Artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician services, unless required by law
12. Participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
13. A newborn child's routine nursing or routine well baby care during the initial confinement in a hospital
14. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
15. Mental and nervous disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this policy
16. Dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; or (b) correct a disorder of normal bodily function
17. Practicing or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Here's the fingerprint

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services free of charge, are available to you. Please call the toll-free phone number listed on your identification card

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makakuhang mga libreng serbisyo ng tulong sa wika Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте

يُوجِبُ عَلَيْنَا دَعْوًا عَلَيَّا تَامِدْخ نَاف (**Arabic**) فَيَجِبُ عَلَيْنَا تَدْبِيحْت تَنَك اَذَا يَوْبِيَت لَو دَعْوَةً عَلَيْنَا فَنَامَلَا فَتَامَلَا مَقْرَب لَاصْتَالَا يَجْرِي لَك لِحَاتَمَة يَنَامَلَا لَك نَصَاخَلَا فَنَدِير عَلَيْنَا قَوَاظِب

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na kartce identyfikacyjnej

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपके भाषा सहायता सेवाएं, निशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें

Díí BAA'ÁKONINÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí. T'áá jíik'ch, bee ná'ahóót'i'. T'áá shqódi ninaaltsos nít'i'izi bee nééhozinígíí bine'déé' t'áá jíik'chgo béesh bee hane'i biká'ígíí bee hodiilnih



Claim process



Actively working to get your benefit payout to you sooner

With a Benefit Assistant in your corner, the claims process is easier

If you're a teammate with Brown & Brown Medical Coverage administered by UnitedHealthcare and elect UnitedHealthcare Hospital Indemnity - it's good to know you've got Benefit Assist looking out for you. The service, included at no additional cost, is designed to help make sure you get the benefits your eligible for – and get them easier and faster. First, a Benefit Assistant will contact you if you may be eligible for a benefit payout. Next, they'll work with you to submit a claim on your behalf.

For teammates not enrolled in Brown & Brown Medical Coverage administered by UnitedHealthcare, please call 1-800-444-5854 to initiate a claim.

Below is how Benefit Assist does the heavy lifting for you.



1. Reviewing

A Benefit Assistant will review your eligible medical claims



2. Supporting

If any of your medical claims may qualify for a benefit payout from your supplemental health plan, you will receive a call*



3. Connecting

You'll be connected with a claims specialist who will help you submit a supplemental health plan claim on your behalf, so you can get your benefit eligible payout sooner

*Check plan documents for details.

Handy tips after enrollment!



With UnitedHealthcare, you've got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life.

Step
1



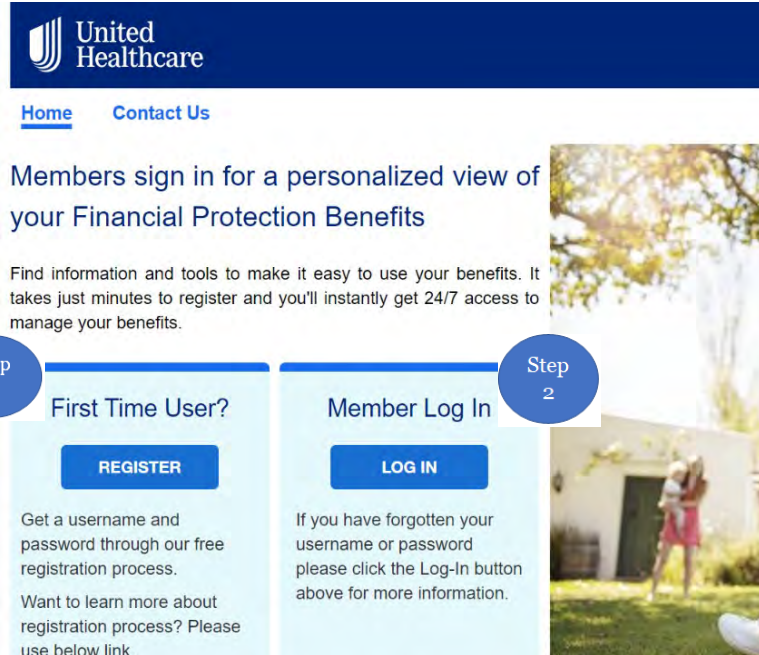
Start by registering at myuhcfc.com

Step
2



After registering, click Member Log In. The first time you will need your Group ID (306944) and Group Name (Brown & Brown).

If you have any questions, please call UnitedHealthcare Financial Protection Customer Service Service at **1-800-444-5854**.





United
Healthcare

 **Brown & Brown**
INSURANCE®

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). 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. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UH-ICI-POL-1 et al., in Texas on UH-ICI-POL-1 and in Virginia on UH-ICI-POL-1-V A. Critical Illness coverage is NOT considered minimum essential coverage J under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The 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. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered minimum essential coverage J under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy. For more details, contact your broker or UnitedHealthcare sales representative.