

UNIVERSITY
OF
CALIFORNIA

Supplemental Health Plans 2024



What's Changing for 2024

The UC Supplemental Health Plans are moving from Aflac to The Prudential Insurance Company of America (Prudential) starting January 1, 2024.

Why the Change

We review our plan benefits annually to ensure we provide valuable coverage options. As a result of our most recent review, we determined that Prudential would be the best partner for UC and supplemental health plan members.

What You Should Know

Now is the time to take a good look at all your coverage options and consider where you can make changes. As medical costs continue to increase, Supplemental Health Plans can provide you peace of mind if you enroll in a lower-cost medical plan.

Saving on monthly medical plan premiums comes at a cost—typically more money out of pocket if you need care. Accident, Critical Illness and Hospital Indemnity insurance can help cover the cost of unexpected expenses, bridging the gap of a higher deductible medical plan.

As you enroll for 2024 coverage this year, consider how all your plans work together. There might be a combination of medical and supplemental plans that save you money while protecting you if the unexpected happens. See page 5 for more information.

Good news!

There will be no change in supplemental health plan premiums for 2024.

Claims Under Aflac

If you're currently enrolled in any of the Aflac Supplemental Health Plans for 2023, there are some important dates to remember.

- **Last day to incur a covered expense:**
December 31, 2023
- **Deadline to submit claims to Aflac:**
Within 20 days after the occurrence or commencement of any loss covered by the supplemental health plans policy, or as soon thereafter as is reasonably possible.

Create an online account at mylogin.aflac.com to file claims electronically and check the status of existing claims.

Claims Under Prudential

If you're enrolling or continuing coverage in any of the Supplemental Health Plans for 2024, see page 10 for steps to file claims with Prudential.

Other Changes for 2024

The three supplemental health plans will continue to be offered in 2024; however, here are some examples of the changes under Prudential:

- **Accident:** The benefit amounts for outpatient surgery and anesthesia, and hospital admission will increase.
- **Critical Illness:** For coronary artery disease, Prudential will provide 100% coverage; there will be coverage for Lupus and Multiple Sclerosis (MS); there will no longer be a preexisting-condition limitation for cancer; there is no longer a waiting period if a different covered condition occurs; there will no longer be a separate benefit for mammograms (coverage available under wellness benefit).
- **Hospital Indemnity:** The benefit for hospital admission will increase; there will no longer be a benefit for mammograms.

This is just a summary of some changes to the Supplemental Health Plans. Review additional coverage information in the tables on pages 11–18.

Under Critical Illness, you can get a **\$100 wellness benefit** per covered member by completing eligible wellness screenings! See page 17 for details.

Frequently Asked Questions

If you can't find an answer to your question in this list, contact UCPath at **(855) 982-7284**. Business hours: 8 a.m.–5 p.m. Monday–Friday, excluding UC holidays.

What does the termination of the Supplemental Health Plans administered by Aflac mean?

The Supplemental Health Plans administered by Aflac will no longer be available effective Dec. 31, 2023. This means your coverage and benefits under this plan will end after this date.

Do I need to re-enroll to continue coverage under the Supplemental Health Plans administered by Prudential?

No. If you are enrolled in the Supplemental Health Plans administered by Aflac, you and your covered dependents will be transitioned automatically to the corresponding Prudential plan(s) effective Jan. 1, 2024.

How long do I have to submit 2023 claims?

Claims for covered events experienced on or before December 31, 2023, must be submitted within 20 days after the occurrence or commencement of loss. See page 2 for more information.

Will the new plans offer the same types of coverage as my current Aflac plans?

The Prudential plans have been designed to provide comparable or improved coverage. Review the Plan Certificates for detailed plan information.

Will my premiums change with the new Prudential plans?

Premiums will stay the same under Prudential. If you're enrolled in critical illness insurance, you might see an increase in your premiums since they are based on your age.

Can I make changes to my coverage?

Yes. You can change your coverage during Open Enrollment, Oct. 26 to Nov. 17, 2023.

Can I continue to use my Aflac coverage during the transition?

Yes, your Aflac coverage will remain active and unchanged until Dec. 31, 2023, when the transition is complete.

How do I file claims for events that occur before the termination date?

You can continue to file claims for events that occur on or before the Dec. 31, 2023 termination date online through mylogin.aflac.com or by calling Aflac at **(800) 433-3036**, 6 a.m.–4 p.m. Monday–Friday, Pacific.

Will my current claims and coverage remain unaffected until Dec. 31, 2023?

Your current claims and coverage under Aflac will remain effective until Dec. 31, 2023. Make sure to utilize your benefits before the termination date. Aflac will review any claims that are in process as of 12/31/23, even if the final determination is made in 2024.

What should I do if I have further questions?

Contact Aflac at **(800)-433-3036**, 6 a.m.–4 p.m. Monday–Friday, Pacific, if your questions are about your current plans. Contact Prudential at **(855) 483-1438**, 8 a.m.–6 p.m. Monday–Friday, Pacific, if your questions are about the new plans.

When can I register on the Prudential website?

You can register on the Prudential website starting Jan. 1, 2024.

Where can I find more information about the new Prudential plans?

For detailed information about the new Prudential plans, including coverage details and plan options, visit UCnet.

Need some enrollment assistance?

Use ALEX to consider all your plan options and learn how the right combination can make all the difference for you and your family. Visit myalex.com/uc/2024 to get started.

Financial Protection for the Unexpected

Designed just for UC employees, three supplemental health insurance plans help to provide a financial safety net for the unexpected.

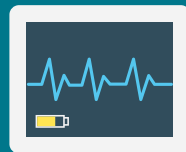
These plans offer flexible financial assistance that complements the protection of your UC medical and disability coverage. When you have a covered accident, illness or hospitalization, these plans pay a cash benefit directly to you — not to a doctor or hospital. The cash benefit is yours to spend any way you like.

It's protection that removes the worry of covering things like unpaid medical expenses, such as deductibles, copays/coinsurance or other household and living expenses, so you can focus on recovering, not finances.



Accident Ease the Pain of Unexpected Expenses

Your child gets hurt playing soccer. You're painting the kitchen and the ladder slips. If you receive medical treatment for a covered accident, you get a check to help cover expenses.



Critical Illness Serious Illness Can Mean Serious Costs

Cancer, heart attack, stroke, coronavirus: When a covered critical illness strikes, this plan sends a lump-sum payment directly to you.

The plan also pays you for getting a yearly preventive health screening.



Hospital Indemnity Hospital Stays Can Catch You by Surprise

Some hospital stays are planned. Others catch you by surprise. This plan pays a predetermined dollar amount directly to you when you're admitted to the hospital and pays a daily benefit for up to 30 days.

How the Plans Work

The plans are administered by Prudential. In the event of medical treatment for a covered accident, covered illness or hospitalization, you file a claim and get a check from Prudential. The cash benefit is paid directly to you — in addition to what your insurance plans pay.

You Choose How to Use Your Cash Benefit

For medical expenses not covered by your health insurance

Everyday living expenses — like rent, mortgage or car payments

Home health care; child, elder and pet care

Housekeeping

Meal preparation and/or delivery

Transportation to doctor and therapy appointments

What Have You Got to Save?

If you've considered moving to a lower-cost medical plan but worry about the potential increase in out-of-pocket costs in the event of a covered accident, critical illness, or hospital stay, supplemental health insurance might be your answer.

Consider all your benefit options and costs — both the premium you pay for coverage and what you pay when you get care. A combination of a supplemental health insurance plan plus a lower-premium medical plan could save you money while helping to provide financial protection for a worst-case scenario.

Custom Plans, Group Rates, Guaranteed Coverage

UC is partnering with Prudential to offer group coverage designed especially for UC employees at group prices. You pay the full cost of any coverage you choose through convenient payroll deductions. Your premiums are paid with after-tax dollars, which means you generally don't pay taxes on any benefit payments you receive from the plan(s). Enrollment is guaranteed.

Learn More

For a full list of coverage and benefits, go to ucplus.com.

Accident

What's Covered

Examples of common accident-related services and benefits:

SERVICES	BENEFIT AMOUNT
Emergency room or urgent care visit with X-ray	\$350 per accident
Ground ambulance	\$400 per trip
Physical therapy	\$50 per visit
Accident follow-up visit with physician	\$75 per visit
Leg braces, crutches, etc.	\$100 per appliance
Inpatient surgery	\$1,500
Treatment for fractures	Up to \$9,500
Treatment for dislocations	Up to \$8,000
Treatment for burns	\$100 to \$20,000
Hospital admission and confinement	\$1,200 per confinement + \$200 per day*

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance at ucplus.com.

See page 11 for additional benefits and coverage amounts.

* \$200 per day confinement benefit begins on day two after admission

What You Pay

COVERAGE FOR	MONTHLY RATE
Yourself only	\$9.67
You and your spouse	\$15.86
You and dependent children	\$19.85
Your family	\$26.04

Critical Illness

There are two coverage options: \$10,000 and \$30,000. The plan pays benefits at 25%, 50% or 100% of your coverage level.

What's Covered

Examples of covered illnesses and benefits:

SERVICES	BENEFIT AMOUNT
<ul style="list-style-type: none"> • Cancer • Heart attack • Stroke • Kidney failure • Severe burn • Benign brain tumor • Major organ failure (includes bone marrow/ stem cell transplant) • Severe Coronary Artery Disease 	100% of coverage amount
<ul style="list-style-type: none"> • Non-invasive cancer • Advanced Alzheimer's or Parkinson's disease 	50% of coverage amount
Annual preventive health screening exam	\$100 per calendar year
Coronavirus-related hospitalization of five or more days	25% of coverage amount

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance at ucplus.com.

See page 16 for additional benefits and coverage amounts.

What You Pay

Rates are based on age. Monthly costs shown are for one adult. Rates for you and your spouse may differ depending on your ages. Coverage for eligible children is free when you enroll.

AGE	MONTHLY RATE	
	\$10,000 Coverage Option	\$30,000 Coverage Option
18–25	\$4.87	\$9.46
26–30	\$5.84	\$12.35
31–35	\$6.51	\$14.37
36–40	\$8.01	\$18.86
41–45	\$9.66	\$23.81
46–50	\$10.19	\$25.41
51–55	\$16.86	\$45.43
56–60	\$15.91	\$42.57
61–65	\$26.17	\$73.34
66+	\$54.36	\$157.93



Hospital Indemnity

What's Covered

Examples of common hospital-related services and benefits:

SERVICES	BENEFIT AMOUNT
Hospital admission	\$1,200
Hospital confinement	+ \$200 per day*
Hospital intensive care	+ \$400 per day*

This listing does not reflect each and every benefit, exclusion or limitation which may apply. For complete information, refer to the Certificate of Insurance at ucplus.com.

See page 18 for additional benefits and coverage amounts.

* \$200 per day confinement benefit begins on day two after admission

What You Pay

COVERAGE FOR	MONTHLY RATE
Yourself only	\$16.19
You and your spouse	\$32.52
You and dependent children	\$26.17
Your family	\$42.49

Filing Claims

When you have a covered accident, illness or hospitalization, you file a claim with Prudential — either electronically or by paper. Keep all bills and paperwork, as you may need them to file claims. Your treating doctor may also need to fill out some paperwork.

Create an online Prudential account at www.prudential.com/mybenefits to file claims electronically and check the status of existing claims. First-time users will need to select “Register Now” and enter the control number 97000. Call Prudential at **(855) 483-1438**, 8 a.m.–6 p.m. Monday–Friday, Pacific, if you need help.

You can register for Prudential’s website starting Jan. 1, 2024.

Protection for You and Your Family

You can cover yourself and your eligible dependents.

UC Plus Group Accident Plan

Benefit changes for 2024 are marked with a ★.

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
<p>Initial Treatment</p> <p>Once per accident, within 96 hours after the accident. Not payable for telemedicine services. Payable when an insured receives initial treatment for a covered accidental injury.</p>	
<ul style="list-style-type: none"> • Hospital emergency room 	<p>\$350 with X-ray \$150 without X-ray</p>
<ul style="list-style-type: none"> • Urgent care facility 	<p>\$350 with X-ray \$150 without X-ray</p>
<ul style="list-style-type: none"> • Doctor's office or facility (other than a hospital emergency room or urgent care) 	<p>\$275 with X-ray \$75 without X-ray</p>
<p>Non-Emergency Initial Care ★</p> <p>Once per accident, more than 96 hours but less than 90 days after the accident occurs.</p>	<p>\$75</p>
<p>Ambulance</p> <p>Within 90 days after the accident. Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$400 ground ambulance \$1,500 air ambulance</p>
<p>Advanced Diagnostic Testing</p> <p>Once per accident, within 90 days after the accident. Payable when an insured requires one of the following exams: computerized tomography (CT/CAT scan), magnetic resonance imaging (MRI), electroencephalography (EEG) due to a covered accidental injury, ultrasound, nerve conduction velocity test (NCV), positron emission tomography (PET), or single-photon emission computed tomography (SPECT Scan).</p>	<p>\$300</p>
<p>Blood Plasma and Platelets</p> <p>Once per accident, within 90 days after the accident.</p>	<p>\$400</p>
<p>Pain Management</p> <p>Once per accident, within 180 days after the accident. Payable when an insured sustains an accidental injury and receives epidural anesthesia to manage pain from the injury. The epidural anesthesia must be prescribed by a physician.</p>	<p>\$100</p>
<p>Concussion</p> <p>Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident within 48 hours after the concussion occurs.</p>	<p>\$300</p>
<p>Coma</p> <p>Coma must begin within 90 days after the covered accident and last for seven consecutive days. The benefit is not payable for medically induced coma.</p>	<p>\$10,000</p>
<p>Emergency Dental Work</p> <p>One crown, filling and extraction per accident. Dental services must begin within 90 days after the covered accident or covered injury occurs.</p>	<p>\$100 for extraction \$300 repair with a crown \$50 for repair with a filling ★</p>
<p>Eye Injuries</p> <p>Payable for eye injuries that require surgery or the removal of a foreign object by a physician within 90 days after the accident occurs.</p>	<p>\$150 surgery ★ \$300 removal of foreign object</p>

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
<p>Lacerations</p> <p>Once per accident, within 96 hours after the accident. Payable when an insured receives a laceration in a covered accident, and the laceration is repaired by a doctor. For multiple lacerations, the amount paid will be based on the total length of all lacerations received that are repaired with stitches.</p>		
<ul style="list-style-type: none"> • Lacerations requiring stitches, including liquid skin adhesive 		
<ul style="list-style-type: none"> - Over 15 centimeters 		\$600
<ul style="list-style-type: none"> - 5–15 centimeters 		\$300
<ul style="list-style-type: none"> - Under 5 centimeters 		\$75
<ul style="list-style-type: none"> • Lacerations not requiring stitches 		\$25
<p>Burns</p> <p>Once per accident. Payable when an insured is burned in a covered accident and is treated by a doctor within 48 hours after the covered accident or covered injury occurs. The plan will pay according to the percentage of the body surface burned. First-degree burns are not covered.</p>		
<ul style="list-style-type: none"> • Second-degree burns 		
<ul style="list-style-type: none"> - Less than 10% 		\$100
<ul style="list-style-type: none"> - At least 10% but less than 25% 		\$200
<ul style="list-style-type: none"> - At least 25% but less than 35% 		\$500
<ul style="list-style-type: none"> - 35% or more 		\$1,000
<ul style="list-style-type: none"> • Third-degree burns 		
<ul style="list-style-type: none"> - Less than 10% 		\$1,000
<ul style="list-style-type: none"> - At least 10% but less than 25% 		\$5,000
<ul style="list-style-type: none"> - At least 25% but less than 35% 		\$10,000
<ul style="list-style-type: none"> - 35% or more 		\$20,000
<ul style="list-style-type: none"> • Skin graft ★ 	50% of burn benefit	
<p>Fractures</p> <p>Once per accident, within 90 days after the accident. Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. If more than one fracture to the same bone occurs as a result of the same accident, only one fracture benefit is payable. For multiple fractures to different bones in the same accident, the plan will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), the plan will pay 25% of the amount for the affected bone.</p>		
<p>Employee/Spouse/Child</p>	Open Reduction	Closed Reduction
<ul style="list-style-type: none"> • Hip/Thigh 	\$9,500	\$4,750
<ul style="list-style-type: none"> • Vertebral body (except processes) 	\$8,550	\$4,275
<ul style="list-style-type: none"> • Pelvis (except coccyx) 	\$7,600	\$3,800

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
	Open Reduction	Closed Reduction
Fractures, continued:		
• Skull (depressed)	\$7,124	\$3,562
• Leg	\$5,700	\$2,850
• Forearm/Hand/Wrist	\$4,750	\$2,375
• Foot/Ankle/Kneecap	\$4,750	\$2,375
• Shoulder Blade/Collarbone	\$3,800	\$1,900
• Lower Jaw (mandible)	\$3,800	\$1,900
• Skull (non-depressed)	\$3,324	\$1,662
• Upper Arm/Upper Jaw	\$3,324	\$1,662
• Facial Bones (except teeth)	\$2,850	\$1,425
• Vertebral Processes	\$1,900	\$950
• Coccyx (tailbone)/Rib/Finger/Toe	\$760	\$380
• Sternum (breast bone)	\$8,550	\$4,275
• Pelvis	\$7,600	\$3,800
<p>Dislocations</p> <p>Once per accident, within 90 days after the accident. Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. The plan will pay benefits only for the first dislocation of a joint. The plan will not pay for recurring dislocations of the same joint. For multiple dislocations (more than one dislocated joint in one accident), the plan will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), the plan will pay 25% of the amount for the affected joint.</p>		
• Hip	\$8,000	\$4,000
• Knee (not kneecap)	\$5,200	\$2,600
• Shoulder	\$4,000	\$2,000
• Foot/Ankle	\$3,200	\$1,600
• Hand	\$2,800	\$1,400
• Lower Jaw	\$2,400	\$1,200
• Wrist	\$2,000	\$1,000
• Elbow	\$1,600	\$800
• Spine ★	\$1,200	\$600
• Finger/Toe	\$640	\$320
• Collarbone ★	\$500	\$250
• Rib ★	\$500	\$250

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
<p>Outpatient Surgery ★ Maximum of one surgery per accident when treated by a physician in an outpatient surgery facility within 180 days after accident. General anesthesia must be administered within 90 days after the accident occurs, during surgery to treat the injury, and must be administered by a physician. Benefits will be paid no more than one time per covered person, per accident, up to three times per covered person, per calendar year. If another covered surgery is performed at the same time, the plan will pay the benefit with the highest amount.</p>	<p>\$500 outpatient surgery</p>
<p>Inpatient Surgery ★ Maximum of one surgery per accident within 180 days after the accident. The surgery must be performed while the insured is confined to a hospital as an inpatient. If more than one surgery is performed or if outpatient surgery is performed at the same time, the plan will pay the benefit with the highest amount. General anesthesia must be administered within 90 days after the accident occurs, during surgery to treat the injury, and must be administered by a physician.</p>	<p>\$1,500</p>
<p>Transportation Benefits (ground, water or plane) ★ For transportation greater than 50 miles from insured's residence for treatment prescribed by a doctor not available within 50 miles of residence where ground or air ambulance is not payable for the trip.</p>	<p>\$500</p>

Surgical procedures may include, but are not limited to, surgical repair of ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTERCARE BENEFITS	BENEFIT AMOUNT
<p>Appliances Within 90 days after the accident. Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion: cane, brace for neck, back or leg, walking boot that extends above the ankle, walker, ★ crutches, wheelchair ★ or motorized scooter for medical purposes, or any other medical device used for mobility.</p>	<p>\$50 – \$500</p>
<p>Accident Follow-Up Treatment Treatment must begin within 90 days after the accident occurs and must be provided within 180 days after the accident occurs. Treatment must not be for preventative testing or payable under the therapy services benefit, emergency or non-emergency care benefits.</p>	<p>\$75</p>
<p>Inpatient Rehabilitation Maximum of 31 days per accident, no more than 60 days total per calendar year for each insured. Payable for each day that, due to a covered accidental injury, an insured received treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient confinement. The plan will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. The plan will pay the highest eligible benefit.</p>	<p>\$100 per day</p>
<p>Therapy Services (Physical, Occupational, Cognitive, Speech Therapy ★) Maximum of 10 per accident, beginning within 90 days after the accident. Payable if, because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy, occupational therapy, speech therapy, or cognitive behavioral therapy, and therapy is received on an outpatient basis. Not payable on the same day for which inpatient rehabilitation is paid.</p>	<p>\$50</p>

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
<p>Hospital Admission ★</p> <p>Once per covered person per accident, within 90 days after the accident. Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit of less than 20 hours, for emergency room treatment or for outpatient treatment.</p>	\$1,200 per confinement
<p>Hospital Confinement</p> <p>Maximum of 365 days per accident, beginning within 90 days after the accident. Payable for each day that an insured is confined to a hospital as an inpatient for 24 hours because of a covered accidental injury. If the plan pays benefits for confinement and the insured is confined again within 90 days because of the same accidental injury, the plan will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for a day in which the hospital admission benefit is payable. If a covered person has a non-ICU hospital confinement and an intensive care confinement on the same day, only the intensive care confinement benefit will be paid.</p>	\$200 per day
<p>Hospital Intensive Care</p> <p>Maximum of 15 days per accident, beginning within 90 days after the accident. Payable for each day an insured is confined in a hospital intensive care unit for 24 hours because of a covered accidental injury. The plan will pay benefits for only one confinement in a hospital intensive care unit at a time even if caused by more than one covered accidental injury. If the plan pays benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within nine months because of the same accidental injury, the plan will treat this confinement as the same period of confinement.</p>	\$700 per day
<p>Lodging Benefit</p> <p>Greater than 50 miles from the insured's residence, maximum of 30 days per accident and 30 days per year. Payable for each night's lodging in a motel/hotel/rental property for a companion who accompanies the covered person while the covered person is confined.</p>	\$150 per day

LIFE-CHANGING EVENT BENEFITS	BENEFIT AMOUNT
<p>Paralysis</p> <p>Once per accident, diagnosed by a doctor within 90 days after the accident.</p>	
<ul style="list-style-type: none"> • Monoplegia ★ 	\$2,500
<ul style="list-style-type: none"> • Paraplegia 	\$5,000
<ul style="list-style-type: none"> • Triplegia ★ 	\$7,500
<ul style="list-style-type: none"> • Quadriplegia 	\$10,000
<p>Prosthesis</p> <p>Must be received within 365 days after the accident occurs. No benefit will be payable for replacement of a device.</p>	\$1,000
<p>Residence/Vehicle Modification</p> <p>Once per accident, within 180 days after the accident. Payable if the modification is necessary to help enable the covered person to live in his or her primary residence or travel in his or her primary vehicle.</p>	\$1,000

LIMITATIONS AND EXCLUSIONS

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Accidental Injury Insurance Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Accidental Injury Insurance Policy, the Group Accidental Injury Insurance Policy will prevail.

UC Plus Group Critical Illness Plan

Benefit changes for 2024 are marked with a ★.

COVERED CRITICAL ILLNESS BENEFIT	BENEFIT AMOUNT Paid as a percentage of coverage amount elected (\$10,000 or \$30,000)
Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Stroke (Ischemic or Hemorrhagic)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Severe Burn	100%
Paralysis of Limbs	100%
Coma	100%
Severe Coronary Artery Disease ★	100%
Loss of Speech/Blindness/Deafness	100%
Benign Brain Tumor	100%
Non-Invasive Cancer	50%
Advanced Alzheimer's Disease	50%
Advanced Parkinson's Disease	50%
Human Coronavirus Requiring Hospitalization of Five Days ★	25%
Childhood Conditions	
Cystic Fibrosis	100%
Cerebral Palsy	100%
Cleft Lip or Cleft Palate	100%
Down Syndrome	100%
Spina Bifida	100%

<p>Additional Occurance</p> <p>The plan will pay benefits for the diagnosis of a separate covered condition.</p>
<p>Reoccurrence</p> <p>The plan will pay benefits for a recurrence of the same critical illness. Recurrence means positive diagnosis of a critical illness or procedure for which a benefit was paid, and the date of diagnosis of recurrence is more than 180 Days after prior benefit payment.</p>
<p>Cancer Diagnosis and Recurrence</p> <p>The plan will pay benefits for a recurrence or new diagnosis of cancer for which a benefit was paid, and the date of diagnosis of recurrence is more than 180 days after prior benefit payment.</p>
<p>Skin Cancer Benefit</p> <p>The plan will pay \$250 for the diagnosis of skin cancer. It will pay this benefit once per calendar year.</p>
<p>Wellness Benefit</p> <p>The Wellness Benefit is a \$100 benefit which is payable once per calendar year if the covered person receives approved health screening tests while not confined in a hospital (mammography, lab tests for cholesterol or triglycerides, diabetes screenings, colonoscopy, etc.).</p>

LIMITATIONS AND EXCLUSIONS

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Critical Illness Insurance Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Critical Illness Insurance Policy, the Group Critical Illness Insurance Policy will prevail.

UC Plus Group Hospital Indemnity Plan

Benefit changes for 2024 are marked with a ★.

HOSPITAL BENEFIT	BENEFIT AMOUNT
<p>Hospital Admission Benefit ★ Payable once per covered sickness or accident, no more than five times per covered person, per calendar year. The admission must occur within 180 days after the covered accident, covered injury or covered illness occurs.</p>	<p>\$1,200 per confinement</p>
<p>Hospital Confinement Maximum of 30 days per confinement for each covered sickness or accident for each insured. Payable no more than three times per covered person, per calendar year. The initial hospital confinement must begin within 180 days after the covered accident, covered injury or covered illness occurs.</p>	<p>\$200 per day</p>
<p>Hospital Intensive Care Benefit ★ Maximum of 30 days per confinement for each covered sickness or accident for each insured. Payable for each day when an insured is confined in a hospital intensive care unit because of a covered accidental injury or covered sickness. Confinement must begin within 180 days after the covered accident, covered injury or covered illness occurs. Once benefits are paid, if an insured becomes confined to a hospital's intensive care unit again within six months because of the same or a related condition, the plan will treat this confinement as the same period of confinement.</p>	<p>\$400 per day</p>

LIMITATIONS AND EXCLUSIONS

The benefits outlined in this document are a brief description of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, refer to the Group Supplemental Hospital Indemnity Policy, which can be found on the ucplus.com website. If there is a difference between this summary and the Group Supplemental Hospital Indemnity Policy, the Group Supplemental Hospital Indemnity Policy will prevail.

Contacts and Resources

ucplus.com

Find complete plan information, including Certificates of Insurance and answers to frequently asked questions.

www.prudential.com/mybenefits

On or after January 1, create an online account with Prudential to file claims electronically and check the status of existing claims.

UCPath

To enroll in a Supplemental Health Plan, visit ucpath.universityofcalifornia.edu. Contact a member of the UCPath team with enrollment-related questions at (855) 982-7284. Business hours are 8 a.m. to 5 p.m. PT, Monday through Friday, excluding UC holidays.

UCnet

For more information about all of the UC benefit plan options, go to [UCnet](#).

The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the university or other governing authorities. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from those described here. This document is a summary. If there is any conflict between this summary and the governing plan booklets or agreements, the governing plan documents will control.





The Prudential coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan certificate or reference the brochure, which can be found on ucplus.com, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions and limitations of the plan.