



Choose a benefits package that may provide a financial safety net.

UnitedHealthcare Benefit Ally™ is an employer-provided suite of supplemental health products bundled with your medical plan that may help offset unexpected costs due to unplanned health events.



With Benefit Ally, support may be in sight.

In the time of a health crisis, your primary focus should be on getting better—not on your medical expenses. Choosing a plan with Benefit Ally means that, if you experience a covered health emergency, you won't need to file a claim or submit a receipt for your supplemental plan. When an **eligible medical event** is identified, you'll automatically receive a check in the mail that you can use for anything from medical expenses to groceries—or whatever you may need.



Accident

- Emergency room visits
- X-rays
- Physical therapy



Critical Illness

- Cancer
- Heart attack
- Stroke



Hospital Indemnity

- Hospital or ICU admissions or stays

Here's an example* of Benefit Ally at work.

Say you fracture your leg and need emergency care, physician visits and crutches. As part of your medical plan, you're still responsible for initial cost-shares like copays and deductibles. With Benefit Ally, your supplemental plan is included, and you'll get a check in return.

Initial care/hospital care		Follow-up care/common injuries	
Emergency room visit	\$100	Crutches	\$100
Diagnostics: X-ray	\$50	Follow-up physician visit	\$50
Initial physician visit	\$50	Fracture benefit	\$750
Your total payment:	\$200	Your total payment:	\$900

You receive a check for:

\$1,100

and you can use it however you choose.

*For illustrative purposes only. Example is based on a Value plan design. For more information, refer to plan benefit materials. Payout from member's Benefit Ally coverage will be triggered when UnitedHealthcare identifies a qualifying medical event.

Questions?

See your plan documents for benefit details.

Benefits and programs may not be available in all states or for all group sizes. Components subject to change. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare sales representative.

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

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.

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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

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

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

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

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

Hospital indemnity

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

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

Learn more

Check your plan documents or call the number on your health plan ID card for more information

**United
Healthcare**

THESE POLICIES PROVIDE LIMITED BENEFITS.

NOT FOR USE IN NEW YORK.

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