Accident Insurance

Explore Your Benefits & Costs

UNITED

Group Name: United Airlines
Group Number: 71138-1
Class: All Active Employees
Benefits Effective 1/1/2026

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like**. Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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How much does it cost?

You have the option to elect Accident Insurance to meet your needs. This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates - Low Plan			
Employee	**Employee and Spouse**	**Employee and Children***	**Family**
$4.41	$8.85	$11.33	$15.77

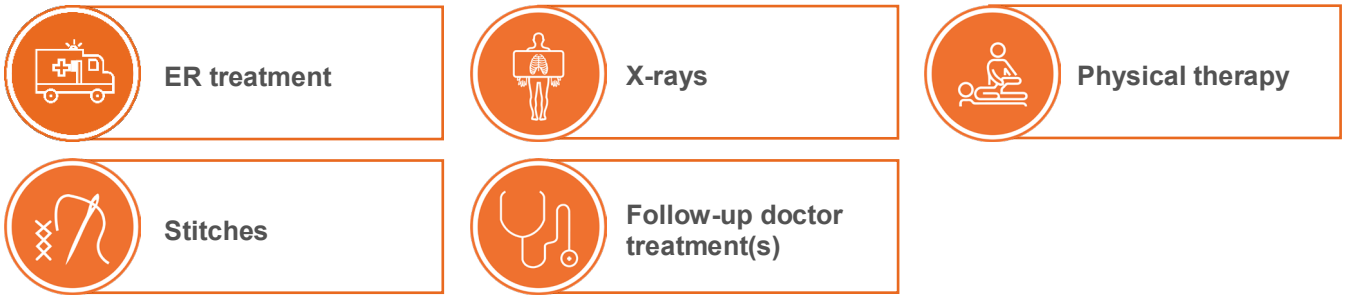
Monthly Rates - High Plan			
Employee	**Employee and Spouse**	**Employee and Children***	**Family**
$8.98	$17.66	$24.28	$32.96

If you have coverage on yourself, your spouse can be covered. Your spouse will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

*Child(ren) birth to age 26; no limit to the number of children per family.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Low	High
Emergency room treatment	$250	$300
X-ray	$100	$150
Physical Therapy (up to 10 per accident)	$60	$75
Stitches (sutures for lacerations, up to 2")	$90	$120
Follow-up doctor treatment	$275	$325
Hospital admission	$1,750	$2,000
Hospital confinement (per day, up to 365 days)	$300	$400

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

What else is included?

The Accident Insurance available through your employer also features the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Keep coverage during a leave of absence

Continuation of Insurance

Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Take your coverage with you

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **support** next time you travel

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections will be increased by 25%; to a maximum additional benefit of $1,000.

Event	Low	High
Accident Hospital Care		
Surgery (open abdominal, thoracic)	$1,500	$2,500
Surgery (exploratory or without repair)	$200	$350
General Anesthesia	$250	$300
Blood, Plasma, Platelets	$625	$650
Hospital Admission	$1,750	$2,000
Hospital Confinement (per day, up to 365 days)	$300	$400
Critical Care Unit (CCU) Admission	$1,750	$2,000
Critical Care Unit Confinement (per day up to 30 days)	$450	$500
Rehabilitation Facility Confinement (per day up to 90 days)	$200	$225
Observation Unit Stay	$350	$400
Induced Coma (up to 14 days)	$200	$250
Non-Induced Coma (duration of 14 or more days)	$18,500	$20,000
Transportation (per trip up to 3 per accident	$800	$840
Lodging (per day up to 30 days)	$200	$225
Pet Boarding	$20	$25
Family care (per eligible child/adult up to 45 days)	$30	$30
Accident Care		
Initial Doctor Visit	$275	$325
Urgent Care Facility Treatment	$275	$325
Emergency Room Treatment	$250	$300
Ground Ambulance	$400	$600
Air ambulance	$2,000	$2,500
Follow-up Doctor Treatment	$275	$325
Home Health Care	$75	$100
Chiropractic Treatment (up to 6 per accident)	$60	$75
Prescription Medicine	$20	$20
Medical Equipment	$275	$500
Physical or Occupational Therapy (per treatment up to 10)	$60	$75
Speech Therapy (per treatment up to 10)	$60	$75
Mental Health Therapy (per treatment up to 10)	$60	$75
Prosthetic Device (one)	$1,250	$1,500
Prosthetic Device (two or more)	$2,000	$2,400
Major Diagnostic Exams	$300	$500
CT (computerized tomography) or CAT scan (computerized axial tomography)		
MRI (magnetic resource imaging)		
EEG (electroencephalogram)		
PET (positron emission tomography) scan		

Event	Low	High
Ultrasound		
Outpatient Surgery	$250	$300
Outpatient IV Infusion Therapy	$45	$50
X-ray	$100	$150
Lab Services	$90	$100
Common Injuries		
Burns (2nd degree, at least 36% of body)	$1,500	$1,750
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$8,500	$10,000
Burns (3rd degree, 4% or more of the total body surface area)	$20,000	$22,000
Skin Grafts	50%	50%
Emergency Dental Work (Crown)	$400	$480
Emergency Dental Work (Extraction)	$125	$180
Eye Injury (removal of foreign object)	$110	$120
Eye Injury (surgery)	$400	$420
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$250	$280
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$900	$1,000
Laceration[1] (treated - no sutures)	$50	$60
Laceration[1] (sutures up to 2")	$90	$120
Laceration[1] (sutures 2" to 6")	$350	$480
Laceration[1] (sutures over 6")	$750	$960
Puncture Wound[1]	$50	$75
Ruptured Disk (surgical repair)	$900	$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$600	$720
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$925	$1,020
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,400	$1,520
Concussion	$350	$450
Traumatic Brain Injury	$2,000	$2,500
Paralysis (monoplegia)	$12,500	$15,500
Paralysis (hemiplegia)	$17,500	$20,000
Paralysis (paraplegia)	$18,000	$20,000
Paralysis (quadriplegia)	$27,000	$30,000

Dislocations Complete[2]/Complete Requiring Surgical Repair[3]		
Hip Joint	$4,000/$8,000	$5,000/$10,000
Knee	$2,500/$5,000	$3,000/$6,000
Ankle or foot bone(s) (other than toes)	$1,700/$3,400	$1,800/$3,600
Shoulder	$2,000/$4,000	$2,200/$4,400
Elbow	$1,250/$2,500	$1,500/$3,000
Wrist	$1,250/$2,500	$1,500/$3,000
Finger/toe	$300/$600	$350/$700
Hand bone(s) (other than fingers)	$1,250/$2,500	$1,500/$3,000
Lower jaw	$1,250/$2,500	$1,500/$3,000
Collarbone	$1,250/$2,500	$1,500/$3,000
Incomplete dislocations: % of the complete amount	25%	25%
Fractures Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]		
Hip	$5,000/10,000	$6,000/$12,000
Leg	$2,700/$5,400	$2,800/$5,600
Ankle	$2,250/$4,500	$2,500/$5,000
Heel	$2,250/$4,500	$2,500/$5,000
Kneecap	$2,250/$4,500	$2,500/$5,000
Foot (excluding toes, heel)	$2,250/$4,500	$2,500/$5,000
Upper arm	$2,400/$4,800	$2,750/$5,500
Forearm, hand, wrist (except fingers)	$2,250/$4,500	$2,500/$5,000
Finger, Toe	$300/$600	$400/$800
Vertebral body	$4,000/$8,000	$4,200/$8,400
Vertebral processes	$1,750/$3,500	$2,000/$4,000
Pelvis (except coccyx)	$3,500/$7,000	$4,000/$8,000
Coccyx	$450/$900	$500/$1,000
Bones of the face (except nose)	$1,300/$2,600	$1,400/$2,800
Nose	$650/$1,300	$750/$1,500
Upper jaw	$1,600/$3,200	$1,750/$3,500
Lower jaw	$1,750/$3,500	$2,000/$4,000
Collarbone	$1,750/$3,500	$2,000/$4,000
Rib	$450/$900	$600/$1,200
Skull – Simple (except bones of the face)	$1,500/$3,000	$1,750/$3,500
Skull – Depressed (except bones of face)	$4,000/$8,000	$5,000/$10,000
Sternum	$400/$800	$500/$1,000
Shoulder blade	$2,250/$4,500	$2,500/$5,000
Chip Fractures: % of the Non-Surgical Repair	25%	25%

[1]Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

[2]Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

[3]Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

[4]Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

[5]Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of your employment with the employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

Pre-existing Condition Limitation

A pre-existing condition means a sickness which, within a designated period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures). **There are no pre-existing condition limitations on this coverage.** For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

*Definition and limitations/exclusions may vary by state.

Questions?

You can enroll in your benefits with the rest of your Annual Enrollment benefits on Your Benefits Resources (YBR) which can be found by navigating to **Flying Together > Employee Services > Health & Insurance** (YBR). To learn more about these benefits, you can visit the Voluntary Benefits website at **Flying Together > Employee Services > Voluntary Benefits**.

For more information, please contact:
Voya Employee Benefits Customer Service at (877) 236-7564

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, , Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

ACC2.3 Only

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