UNIVERSITY OF CALIFORNIA

Prudential

Supplemental health plans

2027

UC Plus
Supplemental Health Plans

ucplus.com

What's changing for 2027

Good news!
There will be no change in supplemental health plan premiums for 2027.

Accident Insurance

Changes to the Accident Insurance plan include:

- Nonemergency initial care benefit will increase from $75 to $100.
- Physician office benefit will increase from $100 to $200.
- Urgent care benefit will increase from $150 to $200.
- Emergency room benefit will increase from $150 to $200.
- Doctor follow-up visits benefit will increase from $75 to $100.
- Streamlined hospital and ICU admission benefits

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 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 and 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.

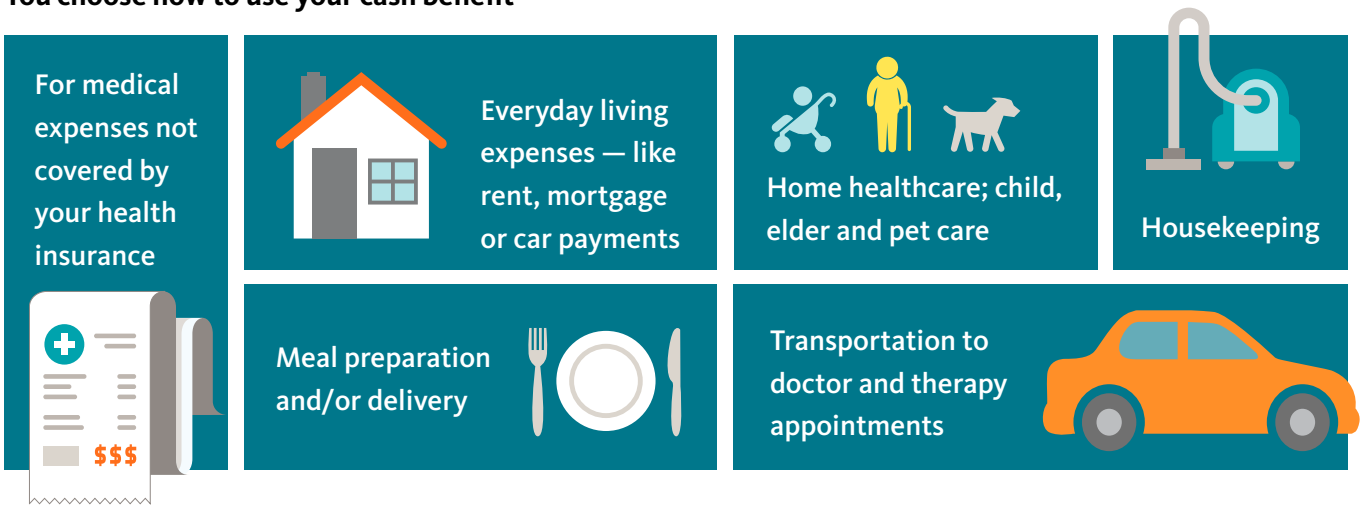
Hospital Indemnity
Hospital stays can catch you by surprise

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 it 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 health insurance plans pay.

You choose how to use your cash benefit



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 benefits options and costs, including both the premium you pay for coverage and what you may pay when you need care. A supplemental health insurance plan paired with a lower-premium medical plan can help provide financial protection when the unexpected happens. Plus, with Critical Illness and Hospital Indemnity plans, you get cash payments for eligible preventive screenings, helping you get more from your coverage and offsetting the cost of premiums.

Custom plans, group rates, guaranteed coverage

UC partners 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 plan

What's covered

Examples of common accident-related services and benefits:

SERVICES	BENEFIT AMOUNT
Emergency room or urgent care visit with X-ray	$400† per accident
Ground ambulance	$400 per trip
Physical therapy	$50 per visit
Accident visit with physician	$200† per visit
Accident follow-up visit with physician	$100† per visit
Leg braces, crutches, etc.	$50–$500 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.

* $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
You and your family	$26.04

See pages 7–12 for additional benefits and coverage amounts.

Benefit enhancements for 2027 are marked with a †.

Critical Illness plan

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
• Invasive 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
• Noninvasive cancer • Advanced Alzheimer's or Parkinson's disease	50% of coverage amount
Annual preventive health screening exam	$100 per calendar year
Mammography screening	$200
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 pages 13 and 14 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	$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 plan

What's covered

Examples of common hospital-related services and benefits:

SERVICES	BENEFIT AMOUNT
Hospital admission	$1,200
Intensive care unit (ICU) admission	$2,400*
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 15 for additional benefits and coverage amounts.

* Includes hospital admission benefit
** 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
You and your family	$42.49

Prudential

UC Plus Accident plan

Benefit enhancements for 2027 are marked with a †.

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
Initial treatment 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.	—
• **Hospital emergency room**	$400 with X-ray† $200 without X-ray†
• **Urgent care facility**	$400 with X-ray† $200 without X-ray†
• **Doctor's office or facility (other than a hospital emergency room or urgent care)**	$400 with X-ray† $200 without X-ray†
Nonemergency initial care Once per accident, more than 96 hours but less than 90 days after the accident occurs.	$100†
Ambulance Within 90 days after the accident. Payable when, due to a covered accidental injury, an insured receives transportation by a professional ambulance service.	Ground ambulance: $400 Air ambulance: $1,500
Advanced diagnostic testing 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 (NCV) test, positron emission tomography (PET), or single-photon emission computed tomography (SPECT scan).	$300
Blood plasma and platelets Once per accident, within 90 days after the accident.	$400
Pain management 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.	$100
Chiropractic or alternative therapy benefit For injuries received in a covered accident, the benefit is paid under the following conditions: • The insured receives initial treatment within 168 hours after the covered accident. • The insured receives acupuncture or chiropractic treatment for the covered accident. • The treatment begins within 90 days after the covered accident or discharge from the hospital.	$50 per treatment
Concussion Payable when, due to a covered accident, an insured receives a concussion diagnosis from a doctor within 48 hours after the concussion occurs.	$300
Coma 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.	$10,000

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT
Emergency dental work One crown, filling and extraction per accident. Dental services must begin within 90 days after the covered accident or covered injury occurs.	Extraction: $100 Repair with a crown: $300 Repair with a filling: $50
Eye injuries Payable for eye injuries that require surgery or the removal of a foreign object by a physician within 90 days after the accident occurs.	Surgery: $150 Removal of foreign object: $300
Lacerations 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.	—
• **Lacerations requiring stitches, including liquid skin adhesive**	—
- Over 15 centimeters	$600
- 5–15 centimeters	$300
- Under 5 centimeters	$75
• **Lacerations not requiring stitches**	$25
Burns 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.**	—
• **Second-degree burns**	—
- Less than 10%	$100
- At least 10% but less than 25%	$200
- At least 25% but less than 35%	$500
- 35% or more	$1,000
• **Third-degree burns**	—
- Less than 10%	$1,000
- At least 10% but less than 25%	$5,000
- At least 25% but less than 35%	$10,000
- 35% or more	$20,000
• **Skin graft**	50% of burn benefit

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
Fractures 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. **Employee/spouse/child**	**Open reduction**	**Closed reduction**
• **Hip/thigh**	$9,500	$4,750
• **Vertebral body (except processes)**	$8,550	$4,275
• **Pelvis (except coccyx)**	$7,600	$3,800
• **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
• **Sacrum**	$1,900	$950

COVERED ACCIDENT BENEFIT	BENEFIT AMOUNT	
Dislocations 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 dislocated joint 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.	**Open reduction**	**Closed reduction**
• **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
Outpatient surgery Maximum of one surgery per accident when treated by a physician in an outpatient surgery facility within 180 days after the accident. General anesthesia administered during surgery to treat the injury must be administered within 90 days after the accident occurs 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.	$700	
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 administered during surgery to treat the injury must be administered within 90 days after the accident occurs and must be administered by a physician.	$1,500	
Transportation benefits (ground, water or air) For transportation greater than 50 miles from insured's residence. Treatment must be prescribed by a doctor not available within 50 miles of residence and where ground or air ambulance is not payable for the trip.	$500	

Surgical procedures may include, but are not limited to, surgical repair of ruptured disc, tendons or 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
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.	$50–$500
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 preventive testing or payable under the therapy services benefit, emergency or nonemergency care benefits.	$100†
Inpatient rehabilitation Maximum of 31 days per accident, and 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.	$100 per day
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.	$50

HOSPITALIZATION BENEFITS	BENEFIT AMOUNT
Hospital and hospital intensive care unit (ICU) admission Once per covered person per accident, within 90 days after the accident. Payable when an insured is admitted to a hospital or hospital intensive care unit (ICU) 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.	$2,400 per admission (hospital admission + ICU admission benefits)
Hospital confinement Maximum of 365 days per accident, beginning within 90 days after the accident. Maximum of 10 confinements per year. 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 on 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.	$200 per day
Hospital intensive care confinement Maximum of 15 days per accident, beginning within 90 days after the accident. Maximum of 10 confinements per year. 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.	$700 per day
Lodging benefit More 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 or rental property for a companion who accompanies the covered person while the covered person is confined.	$150 per day

LIFE-CHANGING EVENT BENEFITS	BENEFIT AMOUNT
Paralysis Once per accident, diagnosed by a doctor within 90 days after the accident.	—
• **Monoplegia**	$2,500
• **Paraplegia**	$5,000
• **Triplegia**	$7,500
• **Quadriplegia**	$10,000
Prosthesis Must be received within 365 days after the accident occurs. No benefit will be payable for replacement of a device.	$1,000
Residence or vehicle modification Once per accident, within 180 days after the accident. Payable if the modification is necessary to help enable the covered person to live in their primary residence or travel in their primary vehicle.	$1,000
Successor insured benefit Your covered spouse may elect to become the primary insured at the time of your death. If elected, your surviving spouse will pay the Spouse Face Amount. Any dependent coverage at the time of election will continue.	

LIMITATIONS AND EXCLUSIONS

This document contains a brief description of supplemental health plans benefits coverage and is 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.

Prudential

UC Plus Critical Illness plan

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%
Blindness/deafness/loss of speech	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 COVERED CRITICAL ILLNESS BENEFIT	BENEFIT AMOUNT Paid as a percentage of coverage amount elected ($10,000 or $30,000)
Autism	$3,000
Cystic fibrosis	100%
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Down syndrome	100%
Juvenile type 1 diabetes	100%
Phenylalanine hydroxylase deficiency	100%
Spina bifida	100%

Additional occurrence The plan will pay benefits for the diagnosis of a separate covered condition.
Recurrence 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 90 days after prior benefit payment.
Cancer diagnosis and recurrence 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.
Skin cancer benefit The plan will pay $250 for the diagnosis of skin cancer. It will pay this benefit once per calendar year.
Wellness benefit 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 (for example, lab tests for cholesterol or triglycerides, diabetes screenings, colonoscopy).
Mammography benefit The plan will pay $200 for the completion of a mammography screening. Frequency of benefit payment is based on age.
Successor insured benefit Your covered spouse may elect to become the primary insured at the time of your death. If elected, your surviving spouse will pay the Spouse Face Amount. Any dependent coverage at the time of election will continue.

LIMITATIONS AND EXCLUSIONS

This document contains a brief description of supplemental health plans benefits coverage and is 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.

Prudential

UC Plus
Hospital Indemnity plan

HOSPITAL BENEFIT	BENEFIT AMOUNT
Hospital and hospital intensive care unit (ICU) admission benefit Payable once per covered sickness or accident, no more than 10 times per covered person, per calendar year. The admission must occur within 180 days after the covered accident, covered injury or covered illness occurs.	$1,200 per confinement
Hospital confinement Maximum of 30 days per confinement for each covered sickness or accident for each insured. Payable no more than 10 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.	$200 per day
Hospital intensive care benefit Maximum of 30 days per confinement for each covered sickness or accident for each insured. Payable for no more than 10 confinements, for each day when an insured is confined in a hospital intensive care unit because of a covered accidental injury or covered illness. 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.	$400 per day
Intermediate intensive care unit (ICU) step-down unit Payable for each 18-hour period an insured is confined to an intensive care step-down unit for the treatment of a covered loss.	$100
Mammography benefit The plan will pay for the completion of a mammography screening. Frequency of benefit payment is based on age.	$100

LIMITATIONS AND EXCLUSIONS

This document contains a brief description of supplemental health plans benefits coverage and is 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.

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 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**. If you need help, call Prudential at **(855) 483-1438**, 8 a.m.–6 p.m. PT, Monday–Friday.

You can also download the Prudential MyBenefits mobile app to securely submit claims and view their status.

Protection for you and your family

You can cover yourself and your eligible dependents.

Contacts and resources

ucplus.com

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

prudential.com/mybenefits

Create an online account with Prudential to file claims electronically and to check the status of existing claims.

UCPath

To enroll in a supplemental health plan, visit ucpath.universityofcalifornia.edu. If you have an enrollment-related question, contact a member of the UCPath team 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 at 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.

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