

EchoStar

Summary of Benefits

Critical Illness Protection Plan



Effective Date	1-Jan-25
Eligibility	All active, full-time employees working a minimum of 30 hours per week. <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Covered Critical Illness Conditions	
Base Covered Conditions	Maximum Benefit Amount Payable per Insured
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250
Vascular Conditions	
Heart Attack	100%
Coronary Artery Disease Major (Coronary Artery Bypass Surgery)	100%
Sudden Cardiac Arrest	100%
Stroke	100%
Ruptured Aneurysm	100%
Organ Failure Conditions	
Chronic Renal (Kidney) Failure**	100%
Heart Failure**	100%
Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%
Functional Loss Conditions	
Paralysis	100%
Coma	100%
Loss of Hearing Accident and Sickness**	100%
Loss of Sight Accident and Sickness**	100%
Infectious Disease Conditions	
Coronavirus (3 or more days of Hospitalization)	\$1,000
Infectious Disease Minor* (Diagnosis Only)	25%
Neurological Disease Conditions** (diagnosis only)	
Alzheimer's Disease	25%
Multiple Sclerosis	25%
Parkinson's Disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Additional Conditions	
Benign Brain Tumor	100%
Childhood Disease Conditions**	
Cerebral Palsy	25% of the Dependent Child benefit
Cleft Lip / Palate	25% of the Dependent Child benefit
Cystic Fibrosis	25% of the Dependent Child benefit
Down Syndrome	25% of the Dependent Child benefit
Congenital Heart Disease	25% of the Dependent Child benefit
Childhood Diabetes	25% of the Dependent Child benefit
Muscular Dystrophy	25% of the Dependent Child benefit
Sickle Cell Anemia	25% of the Dependent Child benefit
Spina Bifida	25% of the Dependent Child benefit
Additional Benefits	
Wellness Benefit Exams	\$50. See Wellness page for details

*Cerebrospinal Meningitis (bacterial), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Methicillin-Resistant Staphylococcus Aureus (MRSA), Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis, Rabies, Tetanus, Tuberculosis

** Not eligible for the Reoccurrence benefit

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Voluntary Benefits					
Voluntary Benefits	Employee Paid Benefits				
	Option 1	Option 2	Option 3	Option 4	
Employee Guarantee Issue Benefit	\$10,000	\$15,000	\$20,000	\$30,000	
Spouse Guarantee Issue Benefit	\$10,000	\$15,000	\$20,000	\$30,000	
Child(ren) Guarantee Issue Benefit	\$10,000	\$15,000	\$20,000	\$30,000	

- Employee must purchase coverage in order to purchase dependent coverage

Additional Benefits				
Reoccurrence Benefit				100% of maximum benefit amount payable upon the subsequent diagnosis of a Covered Condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months. No treatment free requirement
Additional Occurrence				100% of maximum benefit amount payable per covered employee or dependent for a different covered condition.

This Summary of Benefits sheet is an overview of the Critical Illness Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26

Exclusions and Renewal Provisions:

The Policy does not cover loss due to suicide or intentionally self-inflicted injury, participating in a riot or felony; war; use of alcohol or the non-medical use of drugs; while on active duty in any armed forces except under the policy's Continuation during leave provision; cosmetic or elective surgery; or any Critical Illness with a date of diagnosis prior to the effective date.*

*Some state variations may apply

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the Policy; or benefits have been fully paid for qualifying conditions or the Policy terminates. The Policy is renewable at the option of the company. See the Policy for terms and periods related to continuation during approved leaves.

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on form UHICI-POL-1. In New York, it is referred to as Specified Disease insurance and provided by Unimerica Life Insurance Company of New York UHICI-POL-1-NY. Critical Illness coverage is NOT considered "minimum essential coverage" 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.

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.