

# BASIC LIFE INSURANCE

**100%**  
employer paid

*This benefit is paid by Heluna Health. There is no cost to the employee!*

All benefit eligible employees with Heluna Health are provided with employer paid Life and Accidental Death & Dismemberment (AD&D) coverage. All eligible employees are automatically enrolled in Life and AD&D plans.

ELIGIBILITY	BENEFIT AMOUNT
All benefit eligible employees	\$50,000
<b>Accidental Death and Dismemberment (AD&amp;D)</b> 100% of the Basic Life Benefit Provides specified benefits for a covered accidental bodily injury that directly causes dismemberment. In the event of death that occurs from a covered accident, both Life and AD&D benefits would be payable each in the amount of the basic life insurance.	
<b>Benefits After Age 65</b> Your life benefits will reduce after age 70 and terminate at retirement. The reduction schedule is as follows: Age 65 – no change Age 70 – reduced by 50%	
<b>Reminder! Please update your Life Insurance beneficiary information on UKG during Open Enrollment. You may make changes to your beneficiary assignment throughout the year.</b>	



# SUPPLEMENTAL LIFE INSURANCE

100%  
employee paid

*This benefit is voluntary, paid by employees through after-tax payroll deductions*

Because you may need additional coverage, Heluna Health offers you an opportunity to purchase extra life insurance at competitive group rates. The Supplemental Life and Accidental Death & Dismemberment (AD&D) insurance is available for employees, their spouses, and/or child(ren). You do not need to enroll in medical, dental, or vision plans to be eligible to enroll in this plan.

## SUPPLEMENTAL EMPLOYEE LIFE/AD&D

Employees may purchase additional coverage in \$10,000 increments, not to exceed 5 times annual salary or \$300,000, whichever is less.

- New Hire Guaranteed Issue amount of \$300,000
- Employee coverage will continue while actively employed (regardless of age)
- During Annual Open Enrollment, employees can increase existing coverage by up to \$20,000 not to exceed Guaranteed Issue amount.

## SUPPLEMENTAL SPOUSE LIFE/AD&D

You may purchase additional coverage for your spouse in \$5,000 increments, not to exceed 100% of employee coverage or \$150,000, whichever is less

- New Hire Guaranteed Issue amount of \$60,000
- Spouse coverage will terminate when employee attains age 70
- Spouse coverage may only be elected if the employee is enrolled
- During Annual Open Enrollment, employees can increase existing coverage by up to \$10,000 not to exceed the Guaranteed Issue amount.

## SUPPLEMENTAL CHILD(REN) LIFE ONLY

You may purchase additional coverage for your child(ren) in the following amounts:

- Birth to 6 months: \$500; 6 months to age 26 = \$10,000
- Child coverage may only be elected if the employee is enrolled



Should you choose to elect coverage outside of your initial eligibility period, you or your spouse will need to complete the Evidence of Insurability (EOI) Form for medical underwriting purposes.

## How much Insurance Can I Buy?

You can customize coverage to fit your family's needs. Your salary determines the maximum coverage amount available to you.

## Who is eligible for this coverage?

You must be actively working (performing all normal duties of your job) at least 20 hours per week. Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility).

## Can I take this insurance with me if I change jobs or leave?

In the event this insurance ends due to a change in your employment/membership status with Heluna Health, you and your insured spouse may have the right to continue the policies under the Portability or Conversion provision, subject to certain conditions.

## Late Entrants

If enrolling during open enrollment period and you **did not elect coverage** for yourself or your dependents when you were first eligible or were previously denied coverage through New York Life, any coverage amount is subject to New York Life's approval. You will be required to submit Evidence of Insurability (EOI) form.

## Annual Guaranteed Increase

During annual enrollment periods, if you have not been previously denied and have elected at least one increment of coverage, you may select to increase your current coverage amount up to **\$20,000 and \$10,000** for your spouse without providing EOI form to New York Life.



# SUPPLEMENTAL LIFE INSURANCE RATES

## EMPLOYEE SEMI-MONTHLY PREMIUMS

Attained Age	Employee Amounts of Insurance									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
25 - 29	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80
30 - 34	\$0.38	\$0.76	\$1.14	\$1.52	\$1.90	\$2.28	\$2.66	\$3.04	\$3.42	\$3.80
35 - 39	\$0.48	\$0.96	\$1.44	\$1.92	\$2.40	\$2.88	\$3.36	\$3.84	\$4.32	\$4.80
40 - 44	\$0.58	\$1.16	\$1.74	\$2.32	\$2.90	\$3.48	\$4.06	\$4.64	\$5.22	\$5.80
45 - 49	\$0.83	\$1.66	\$2.49	\$3.32	\$4.15	\$4.98	\$5.81	\$6.64	\$7.47	\$8.30
50 - 54	\$1.23	\$2.46	\$3.69	\$4.92	\$6.15	\$7.38	\$8.61	\$9.84	\$11.07	\$12.30
55 - 59	\$2.08	\$4.16	\$6.24	\$8.32	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80
60 - 64	\$2.88	\$5.76	\$8.64	\$11.52	\$14.40	\$17.28	\$20.16	\$23.04	\$25.92	\$28.80
65 - 69	\$5.38	\$10.76	\$16.14	\$21.52	\$26.90	\$32.28	\$37.66	\$43.04	\$48.42	\$53.80
70 - 74	\$8.63	\$17.26	\$25.89	\$34.52	\$43.15	\$51.78	\$60.41	\$69.04	\$77.67	\$86.30
75+	\$8.63	\$17.26	\$25.89	\$34.52	\$43.15	\$51.78	\$60.41	\$69.04	\$77.67	\$86.30

  

Attained Age	Employee Amounts of Insurance									
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
<25	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
25 - 29	\$3.08	\$3.36	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60
30 - 34	\$4.18	\$4.56	\$4.94	\$5.32	\$5.70	\$6.08	\$6.46	\$6.84	\$7.22	\$7.60
35 - 39	\$5.28	\$5.76	\$6.24	\$6.72	\$7.20	\$7.68	\$8.16	\$8.64	\$9.12	\$9.60
40 - 44	\$6.38	\$6.96	\$7.54	\$8.12	\$8.70	\$9.28	\$9.86	\$10.44	\$11.02	\$11.60
45 - 49	\$9.13	\$9.96	\$10.79	\$11.62	\$12.45	\$13.28	\$14.11	\$14.94	\$15.77	\$16.60
50 - 54	\$13.53	\$14.76	\$15.99	\$17.22	\$18.45	\$19.68	\$20.91	\$22.14	\$23.37	\$24.60
55 - 59	\$22.88	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	\$41.60
60 - 64	\$31.68	\$34.56	\$37.44	\$40.32	\$43.20	\$46.08	\$48.96	\$51.84	\$54.72	\$57.60
65 - 69	\$59.18	\$64.56	\$69.94	\$75.32	\$80.70	\$86.08	\$91.46	\$96.84	\$102.22	\$107.60
70 - 74	\$94.93	\$103.56	\$112.19	\$120.82	\$129.45	\$138.08	\$146.71	\$155.34	\$163.97	\$172.60
75+	\$94.93	\$103.56	\$112.19	\$120.82	\$129.45	\$138.08	\$146.71	\$155.34	\$163.97	\$172.60

  

Attained Age	Employee Amounts of Insurance									
	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
<25	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
25 - 29	\$5.88	\$6.16	\$6.44	\$6.72	\$7.00	\$7.28	\$7.56	\$7.84	\$8.12	\$8.40
30 - 34	\$7.98	\$8.36	\$8.74	\$9.12	\$9.50	\$9.88	\$10.26	\$10.64	\$11.02	\$11.40
35 - 39	\$10.08	\$10.56	\$11.04	\$11.52	\$12.00	\$12.48	\$12.96	\$13.44	\$13.92	\$14.40
40 - 44	\$12.18	\$12.76	\$13.34	\$13.92	\$14.50	\$15.08	\$15.66	\$16.24	\$16.82	\$17.40
45 - 49	\$17.43	\$18.26	\$19.09	\$19.92	\$20.75	\$21.58	\$22.41	\$23.24	\$24.07	\$24.90
50 - 54	\$25.83	\$27.06	\$28.29	\$29.52	\$30.75	\$31.98	\$33.21	\$34.44	\$35.67	\$36.90
55 - 59	\$43.68	\$45.76	\$47.84	\$49.92	\$52.00	\$54.08	\$56.16	\$58.24	\$60.32	\$62.40
60 - 64	\$60.48	\$63.36	\$66.24	\$69.12	\$72.00	\$74.88	\$77.76	\$80.64	\$83.52	\$86.40
65 - 69	\$112.98	\$118.36	\$123.74	\$129.12	\$134.50	\$139.88	\$145.26	\$150.64	\$156.02	\$161.40
70 - 74	\$181.23	\$189.86	\$198.49	\$207.12	\$215.75	\$224.38	\$233.01	\$241.64	\$250.27	\$258.90
75+	\$181.23	\$189.86	\$198.49	\$207.12	\$215.75	\$224.38	\$233.01	\$241.64	\$250.27	\$258.90

# SUPPLEMENTAL LIFE INSURANCE RATES

## DEPENDENT SEMI-MONTHLY PREMIUMS

Attained Age*	Spouse Amounts of Insurance**									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<25	\$0.14	\$0.28	\$0.41	\$0.55	\$0.69	\$0.83	\$0.96	\$1.10	\$1.24	\$1.38
25 - 29	\$0.14	\$0.28	\$0.41	\$0.55	\$0.69	\$0.83	\$0.96	\$1.10	\$1.24	\$1.38
30 - 34	\$0.19	\$0.38	\$0.56	\$0.75	\$0.94	\$1.13	\$1.31	\$1.50	\$1.69	\$1.88
35 - 39	\$0.24	\$0.48	\$0.71	\$0.95	\$1.19	\$1.43	\$1.66	\$1.90	\$2.14	\$2.38
40 - 44	\$0.29	\$0.58	\$0.86	\$1.15	\$1.44	\$1.73	\$2.01	\$2.30	\$2.59	\$2.88
45 - 49	\$0.41	\$0.83	\$1.24	\$1.65	\$2.06	\$2.48	\$2.89	\$3.30	\$3.71	\$4.13
50 - 54	\$0.61	\$1.23	\$1.84	\$2.45	\$3.06	\$3.68	\$4.29	\$4.90	\$5.51	\$6.13
55 - 59	\$1.04	\$2.08	\$3.11	\$4.15	\$5.19	\$6.23	\$7.26	\$8.30	\$9.34	\$10.38
60 - 64	\$1.44	\$2.88	\$4.31	\$5.75	\$7.19	\$8.63	\$10.06	\$11.50	\$12.94	\$14.38
65 - 69	\$2.69	\$5.38	\$8.06	\$10.75	\$13.44	\$16.13	\$18.81	\$21.50	\$24.19	\$26.88

Attained Age*	Spouse Amounts of Insurance**									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
<25	\$1.51	\$1.65	\$1.79	\$1.93	\$2.06	\$2.20	\$2.34	\$2.48	\$2.61	\$2.75
25 - 29	\$1.51	\$1.65	\$1.79	\$1.93	\$2.06	\$2.20	\$2.34	\$2.48	\$2.61	\$2.75
30 - 34	\$2.06	\$2.25	\$2.44	\$2.63	\$2.81	\$3.00	\$3.19	\$3.38	\$3.56	\$3.75
35 - 39	\$2.61	\$2.85	\$3.09	\$3.33	\$3.56	\$3.80	\$4.04	\$4.28	\$4.51	\$4.75
40 - 44	\$3.16	\$3.45	\$3.74	\$4.03	\$4.31	\$4.60	\$4.89	\$5.18	\$5.46	\$5.75
45 - 49	\$4.54	\$4.95	\$5.36	\$5.78	\$6.19	\$6.60	\$7.01	\$7.43	\$7.84	\$8.25
50 - 54	\$6.74	\$7.35	\$7.96	\$8.58	\$9.19	\$9.80	\$10.41	\$11.03	\$11.64	\$12.25
55 - 59	\$11.41	\$12.45	\$13.49	\$14.53	\$15.56	\$16.60	\$17.64	\$18.68	\$19.71	\$20.75
60 - 64	\$15.81	\$17.25	\$18.69	\$20.13	\$21.56	\$23.00	\$24.44	\$25.88	\$27.31	\$28.75
65 - 69	\$29.56	\$32.25	\$34.94	\$37.63	\$40.31	\$43.00	\$45.69	\$48.38	\$51.06	\$53.75

Attained Age*	Spouse Amounts of Insurance**									
	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
<25	\$2.89	\$3.03	\$3.16	\$3.30	\$3.44	\$3.58	\$3.71	\$3.85	\$3.99	\$4.13
25 - 29	\$2.89	\$3.03	\$3.16	\$3.30	\$3.44	\$3.58	\$3.71	\$3.85	\$3.99	\$4.13
30 - 34	\$3.94	\$4.13	\$4.31	\$4.50	\$4.69	\$4.88	\$5.06	\$5.25	\$5.44	\$5.63
35 - 39	\$4.99	\$5.23	\$5.46	\$5.70	\$5.94	\$6.18	\$6.41	\$6.65	\$6.89	\$7.13
40 - 44	\$6.04	\$6.33	\$6.61	\$6.90	\$7.19	\$7.48	\$7.76	\$8.05	\$8.34	\$8.63
45 - 49	\$8.66	\$9.08	\$9.49	\$9.90	\$10.31	\$10.73	\$11.14	\$11.55	\$11.96	\$12.38
50 - 54	\$12.86	\$13.48	\$14.09	\$14.70	\$15.31	\$15.93	\$16.54	\$17.15	\$17.76	\$18.38
55 - 59	\$21.79	\$22.83	\$23.86	\$24.90	\$25.94	\$26.98	\$28.01	\$29.05	\$30.09	\$31.13
60 - 64	\$30.19	\$31.63	\$33.06	\$34.50	\$35.94	\$37.38	\$38.81	\$40.25	\$41.69	\$43.13
65 - 69	\$56.44	\$59.13	\$61.81	\$64.50	\$67.19	\$69.88	\$72.56	\$75.25	\$77.94	\$80.63

Dependent Child Age	Child Amounts of Insurance
	\$10,000
Up to 26 years	\$0.47

\* Spouse coverage terminates at Employee Age 70.

\*\* Spouse Rates are based on employee's age.

# CARVE OUT SHORT TERM DISABILITY

FOR NON-CA MEMBERS

100%  
employer paid

*This benefit is paid by Heluna Health. There is no cost to the employee!*

Employees residing and working outside of California are provided with employer paid Basic Short Term Disability coverage for those unexpected situations (illness or injury) that may keep you from performing the daily responsibilities of your job. This benefit is exclusively offered to all benefits eligible Non-CA employees. California employees are insured through CA State Disability Insurance (SDI). Please note that this is a separate benefit from the Worker's Compensation coverage for work-related injuries.

## SHORT TERM DISABILITY

You will need to satisfy a 7-day elimination period before short term disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a weekly benefit up to 60% (non-integrated) of your basic weekly income, up to \$1,540 per week.

The Maximum benefit duration is 25 weeks (26 weeks with elimination period).

## WILL MY BENEFITS BE REDUCED BY OTHER SOURCES OF INCOME?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.



Refer to the New York Life plan documents for a complete description of this plan.



# VOLUNTARY SHORT TERM DISABILITY

100%  
employee paid

*This benefit is voluntary, paid by employees through after-tax payroll deductions*

Employees can elect Voluntary Short Term Disability coverage for those unexpected situations (illness or injury) that may keep you from performing the daily responsibilities of your job. The voluntary disability plan is available to help supplement your income in addition to CA SDI (CA employees) or employer paid Basic Short Term Disability coverage (Non-CA employees). Please note that this is a separate benefit from the Worker's Compensation coverage for work-related injuries.

## SHORT TERM DISABILITY

You will need to satisfy a 7-day elimination period before short term disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a weekly benefit equal to 20% (non-integrated) of your basic weekly income, up to \$1,500 per week for both Class 1 and Class 2 employees.

The Maximum benefit duration is 25 weeks (26 weeks with elimination period)

## PRE-EXISTING CONDITION

Your plan is subject to a pre-existing condition limitation. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention, treatment or medication for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.

## WHAT'S COVERED?

This insurance may cover a variety of conditions and injuries. The following are New York Life's top reasons for short term disability claims: normal pregnancy, injuries, joint disorders, back disorders, digestive disorders, etc.

## WILL MY BENEFITS BE REDUCED BY OTHER SOURCES OF INCOME?

No, your plan will not be reduced by any other sources of income.

## WHY IS THIS COVERAGE SO VALUABLE?

The CA State Disability Insurance for California employees and Basic STD for Non-California employees only covers up to 60% of your pay. You can supplement your lost wages with this coverage and use the funds however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.



Refer to New York Life plan documents for a complete description of this plan.

# CORE AND BUY-UP LONG TERM DISABILITY

100%  
employer paid

*The core benefit is paid by Heluna Health. There is no cost to the employee!*

A disability doesn't always mean a serious handicap. It can be any illness or injury that prevents you from earning your salary. Consider what would happen if you couldn't work or pay your bills. How might this affect your savings and your lifestyle? Long Term Disability (LTD) insurance from New York Life can help provide the financial security you'll need if you experience a covered illness or injury that keeps you out of work for more than 6 months. Heluna Health provides all eligible employees with Core LTD coverage and the ability to elect Buy Up LTD. The Buy-Up LTD benefit is voluntary and paid by you through after tax payroll deductions. This supplemental benefit pays in addition to your employer paid Core LTD benefit and insures you from 50% (company provided) up to 60% of your basic monthly income.

## YOUR CORE LONG TERM DISABILITY

You will need to satisfy a 180-day elimination period before long term disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a monthly benefit equal to 50% of your basic monthly income, up to \$3,000 per month. If needed, your benefits will be paid up to Social Security Normal Retirement Age.

100%  
employee paid

*This benefit is voluntary, paid by employees through after-tax payroll deductions*

## YOUR BUY UP LONG TERM DISABILITY BENEFITS

You need to satisfy a 180-day elimination (waiting) period before the Buy-Up disability benefits would begin. This elimination period can be satisfied with days of partial disability, total disability or a combination of both. If you are totally disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a monthly benefit equal to 60% of your basic monthly income, less your employer paid long term disability benefit and state disability payments, up to \$6,000 a month. If needed, your benefits will be paid up to Social Security Normal Retirement Age.

**Buy Up LTD Rate: \$0.080/\$100 covered payroll.**

## PRE-EXISTING CONDITION

Your plan is subject to a pre-existing condition limitation. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention, treatment or medication for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.



Refer to New York Life plan documents for a complete description of this plan.

# VOLUNTARY ACCIDENT & INJURY

100%  
employee paid

*This benefit is voluntary, paid by employees through after-tax payroll deductions*

BENEFIT TYPE <sup>1</sup>	HIGH PLAN (On/Off Job)/LOW PLAN (Off Job Only) MUTUAL OF OMAHA INSURANCE PAYS YOU
Express Benefit	\$100
Fractures <sup>2</sup>	Up to \$6,000
Dislocations <sup>2</sup>	Up to \$9,000
Second and Third Degree Burns	Up to \$15,000
Cuts/Lacerations	Up to \$800
Dental	Up to \$300
<b>MEDICAL SERVICES &amp; TREATMENT</b>	
Ambulance	Up to \$1,500
Emergency Care	\$200
Physician Office Visit	\$100
Physician Follow-Up (up to 6 per accident)	\$75
Therapy Services (including physical therapy up to 6 per accident)	\$25
Medical/Prosthetic Devices	Up to \$750
Inpatient Surgery	Up to \$1,500
<b>HOSPITAL<sup>3</sup> COVERAGE (ACCIDENT)</b>	
Admission	\$1,000 per accident
Confinement	\$200/day (non-ICU)/\$400/ day (ICU)
<b>WELLNESS BENEFIT</b>	
Health Screening (Wellness) Benefit	\$50 per insured member per calendar year
<b>MEDICAL SERVICES &amp; TREATMENT</b>	

<sup>1</sup>Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate.

<sup>2</sup>Chip fractures are paid at 25% of Fracture.

<sup>3</sup>Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.



**The Health Screening Wellness Benefit makes sure you still get paid even if you don't have an accident!**

These plans offer additional benefits such as Accidental Death, Dismemberment, Loss, Paralysis, Lodging, etc. Please refer to the Mutual of Omaha Plan Documents for a complete description of the plan benefits.

## What Accident Worries

Statistically, fractures are the most common accident to occur, subsequently followed by lacerations, concussions, and dislocations. Based on the lifestyle you live you may be at higher risk for one of these accidents to occur.

**Do you play a sport?** Sports require you to engage in repetitive motions, which can overuse muscles and can lead to muscle fatigue. This causes more force on the bone and can lead to stress fractures.

**Are you someone who's often in a hurry?** Being rushed can result in a lack of focus that can lead to accidents like a fall down the stairs or even a vehicle collision. These accidents often result in an impact injury such as a violent blow to your head or body that can cause a laceration or a concussion.

With the increasing cost of medical care, a trip down the stairs or sports injury can hurt your bank account as much as your body. Accident insurance pays you directly based on your injury and treatment and you decide how to spend it.

 **This policy is portable**

### How to file a claim

Claims should be reported as soon as possible by one of the following methods:

**Download and submit** a claim form online at <https://www.mutualofomaha.com/support/forms>

**Call** 800-775-8805 to speak with one of the dedicated customer service representatives.

**Fax** documents to 402-997-1898

**Email** Accident claims to: [submitgpacc@mutualofomaha.com](mailto:submitgpacc@mutualofomaha.com)

**Mail** documents to:  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175-0001

**Mutual of Omaha**



## What Life-Changing Event Worries You the Most?

What's a critical illness? Some common examples are heart attack, stroke and cancer.

Do any diseases run in your family? Cancer is one of the most common life-threatening illnesses that has overcome the United States. 1 out of every 2 men and 1 out of every 3 women will develop some sort of cancer in their lifetime.

How healthy is your lifestyle? Every 40 seconds an American will experience a heart attack. If you smoke, eat a poor diet, do not exercise, and/or drink alcohol heavily you are at risk for developing heart disease. Did you know over 30 million U.S. adults were diagnosed with heart disease as of 2018? By 2035, more than 45% of Americans are projected to have some form of cardiovascular disease.

Critical Illness coverage gives you the financial freedom to take care of what matters most, whatever that may be, during the most critical time of your life. This benefit could cover anything from medical expenses, travel expenses to seek the best care possible, time off work, or even your basic monthly costs that may be in a pinch. We understand that you know your life better than anyone else, so in critical times we give you the money so you can allocate it where you need it most!

**! This policy is portable**

### How to file a claim

Claims should be reported as soon as possible by one of the following methods:

**Download and submit** a claim form online at <https://www.mutualofomaha.com/support/forms>

**Call** 800-775-8805 to speak with one of our dedicated customer service representatives.

**Fax** documents to 402-997-1898

**Email** Critical Illness claims to: [submitgrpci@mutualofomaha.com](mailto:submitgrpci@mutualofomaha.com)

**Mail** documents to:  
3300 Mutual of Omaha Plaza  
Omaha, NE 68175-0001

**Mutual of Omaha**

# VOLUNTARY CRITICAL ILLNESS

**100%**  
employee paid

*This benefit is voluntary, paid by employees through after-tax payroll deductions*

COVERAGE GUIDELINES	MINIMUM <sup>2</sup>	MAXIMUM GUARANTEE ISSUE
Employee/Spouse	Increments of \$10,000 Spouse coverage <u>cannot</u> exceed 100% of employee principal sum	\$30,000
Child(ren)	50% of employee's principal sum, up to \$10,000	\$10,000
COVERED CONDITIONS <sup>1</sup>	INITIAL BENEFIT	RECURRENCE BENEFIT
Full Benefit Cancer	100% of Elected Amount	100% of Initial Benefit
Carcinoma in Situ	25% of Elected Amount	100% of Initial Benefit
Heart Attack	100% of Elected Amount	100% of Initial Benefit
Stroke	100% of Elected Amount	100% of Initial Benefit
Coronary Artery Bypass Graft	25% of Elected Amount	100% of Initial Benefit
Acute Respiratory Distress Syndrome (ARDS)	25% of Elected Amount	100% of initial Benefit
End-Stage Renal (Kidney) Failure	100% of Elected Amount	100% of initial Benefit
Major Organ Transplant/Placement on UNOS List	100% of Elected Amount	100% of Initial Benefit
Progressive Diseases: ALS, Advanced Alzheimer's Disease, Advanced Parkinson's Disease	100% of Elected Amount	Not Applicable
ADDITIONAL BENEFITS/LIMITATIONS		
Wellness Benefit	\$50 per insured member per calendar year	
Pre-Existing Condition Limitation (12/12)	Any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a critical illness event during the first 12 months of coverage, would not be covered.	
Policy Benefit Maximum	The maximum payout amount is 400% of the Critical Illness principal sum amount for each insured person.	

<sup>1</sup>Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about these benefits and a list of additional conditions covered by this policy.



The Wellness Benefit makes sure you still get paid even if you don't have a critical illness!

# WORKSITE BENEFITS RATES

## SEMI-MONTHLY PREMIUMS

SHORT TERM DISABILITY		ACCIDENT & INJURY COVERAGE	HIGH PLAN (On/Off Job)	LOW PLAN (Off Job Only)
Step Rates per \$10 of Volume (Semi-Monthly Premiums)				
Age	Rate	Tier	Rate	Rate
<25	\$0.297	Employee	\$10.59	\$6.28
25-29	\$0.725	Employee + Spouse	\$18.38	\$10.36
30-34	\$1.102	Employee + Child(ren)	\$19.77	\$11.81
35-39	\$0.704	Employee + Family	\$27.55	\$15.89
40-44	\$0.404			
45-49	\$0.356			
50-54	\$0.416			
55-59	\$0.491			
60-64	\$0.616			
65+	\$0.740			

CRITICAL ILLNESS: \$10,000 BENEFIT			CRITICAL ILLNESS: \$20,000 BENEFIT			CRITICAL ILLNESS: \$30,000 BENEFIT		
Age	Employee <sup>1</sup>	Spouse	Age	Employee <sup>1</sup>	Spouse	Age	Employee <sup>1</sup>	Spouse
<25	\$1.85	\$1.85	<25	\$3.70	\$3.70	<25	\$5.55	\$5.55
25-29	\$2.30	\$2.30	25-29	\$4.60	\$4.60	25-29	\$6.90	\$6.90
30-34	\$2.80	\$2.80	30-34	\$5.60	\$5.60	30-34	\$8.40	\$8.40
35-39	\$3.70	\$3.70	35-39	\$7.40	\$7.40	35-39	\$11.10	\$11.10
40-44	\$4.75	\$4.75	40-44	\$9.50	\$9.50	40-44	\$14.25	\$14.25
45-49	\$6.25	\$6.25	45-49	\$12.50	\$12.50	45-49	\$18.75	\$18.75
50-54	\$7.80	\$7.80	50-54	\$15.60	\$15.60	50-54	\$23.40	\$23.40
55-59	\$10.50	\$10.50	55-59	\$21.00	\$21.00	55-59	\$31.50	\$31.50
60-64	\$14.45	\$14.45	60-64	\$28.90	\$28.90	60-64	\$43.35	\$43.35
65-69	\$20.20	\$20.20	65-69	\$40.40	\$40.40	65-69	\$60.60	\$60.60
70-74	\$30.25	\$30.25	70-74	\$60.50	\$60.50	70-74	\$90.75	\$90.75
75-79	\$42.50	\$42.50	75-79	\$85.00	\$85.00	75-79	\$127.50	\$127.50
80-84	\$57.30	\$57.30	80-84	\$114.60	\$114.60	80-84	\$171.90	\$171.90
85+	\$57.30	\$57.30	85+	\$114.60	\$114.60	85+	\$171.90	\$171.90

<sup>1</sup>Children (if enrolled) are automatically included with employee rate