

› Voluntary Critical Illness Insurance



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.

As an active employee of Sunshine Cottage School for Deaf Children, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.	
Critical Illness Benefits	Initial Benefit	Reoccurrence Benefit
Autoimmune Disorder		
Inflammatory Bowel Disease	25% of the Principal Sum	None
Cancer & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	100% of the Initial Benefit amount
Bone Marrow/Stem Cell Recipient	100% of the Principal Sum	100% of the Initial Benefit amount

Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	\$500	\$500, limited to 1 reoccurrence per Calendar Year and limited to a total of 5 reoccurrences while insured under the Policy
Childhood Conditions (These benefits are only available for children.)		
Autism Spectrum Disorder Level I	50% of the Principal Sum	None
Level II	75% of the Principal Sum	None
Level III	100% of the Principal Sum	None
Cerebral Palsy (CP)	100% of the Principal Sum	None
Congenital Heart Diseases or Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Congenital Metabolic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Genetic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Human Growth Hormone Deficiency	100% of the Principal Sum	None
Neonatal Intensive Care or Pediatric Intensive Care	100% of the Principal Sum	100% of the Initial Benefit amount
Reye's Johnson Syndrome	100% of the Principal Sum	None
Sickle Cell Disease	100% of the Principal Sum	None
Structural Congenital Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Vascular & Pulmonary Conditions		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
Neurological Movement Disorders		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
Additional Benefits		Benefit Amount
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$50

COVERAGE GUIDELINES ¹			
	Minimum	Maximum	Guarantee Issue ²
For You Elect in \$5,000 increments	\$5,000	\$30,000	\$30,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's Principal Sum, up to \$30,000	\$30,000
Child *benefit for each child	50% of employee's Principal Sum, up to \$20,000		All child amounts are guaranteed.
POLICY PROVISIONS			
Policy Benefit Maximum	The maximum payout amount is 1000% of the critical illness Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Initial Benefit	Critical Illness benefits are payable if an Insured Person is Diagnosed with a covered Critical Illness.		
Subsequent Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, benefits remain payable under the Policy for any other Critical Illness for that Insured Person after 30 days from the date diagnosed with the prior Critical Illness.		
Reoccurrence Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a Reoccurrence benefit is payable for a reoccurrence of the same diagnosis if the Insured Person is treatment free from the prior diagnosis for at least 90 days.		
Annual Open Enrollment	An open enrollment is available for a period of up to 90 days each policy year. During this time, you may elect critical illness insurance for the first time or request increased insurance up to the Guarantee Issue amount for yourself and any dependents without providing health information.		
Portability	When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Benefit Waiting Period	There is no benefit waiting period.		

SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Advocacy	Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email customerserve@personifyhealth.com for assistance.

¹The amount of insurance for your dependent children will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

²Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

VOLUNTARY CRITICAL ILLNESS COVERAGE SELECTION AND PREMIUM CALCULATION

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Critical Illness section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$20,000 in coverage, you obtain your premium amount by multiplying the rate for \$10,000 times 2.

EMPLOYEE OR SPOUSE - 24 PAYROLL DEDUCTIONS PER YEAR

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
0 - 29	\$2.73	\$5.45	\$8.18	\$10.90	\$13.63	\$16.35
30 - 39	\$3.15	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
40 - 49	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10
50 - 59	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20
60 - 69	\$11.98	\$23.95	\$35.93	\$47.90	\$59.88	\$71.85
70 - 79	\$21.78	\$43.55	\$65.33	\$87.10	\$108.88	\$130.65
80+	\$33.48	\$66.95	\$100.43	\$133.90	\$167.38	\$200.85

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage.

Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

>Frequently Asked Questions

Who is eligible for this coverage?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26

What is the subsequent benefit?

Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, benefits remain payable under the Policy for any other Critical Illness for the Insured Person, subject to any subsequent benefit separation period listed in the Policy Provisions section of this benefit summary.

What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable for a subsequent diagnosis of the same Critical Illness, as indicated in the Critical Illness Benefits table, subject to any reoccurrence benefit separation period listed in the Policy Provisions section of this benefit summary.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Treatment for injury or sickness must occur on or after the insured person's coverage effective date and while the policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date of diagnosis of an injury or sickness, subject to the definitions, limitations, exclusions and other provisions of the policy.
- The exclusions and additional limitations are summarized in the outline of coverage and detailed in the certificate.

All exclusions may not be applicable, or may be adjusted, as required by state regulations. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

Are prenatal diagnoses covered under the policy?

In the event of a prenatal diagnosis, the date of Diagnosis under the Policy will be the Dependent child's date of birth. Newborn dependent children born after the effective date are covered at the time of birth and those diagnoses made on the date of birth would be covered by the policy.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Critical Illness insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010.



> Voluntary Accident Insurance



If you broke a leg, would it break your bank account too?

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Sunshine Cottage School for Deaf Children, you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$100
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS		AMOUNTS
Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person		
Emergency Room		\$300
Urgent Care Center		\$225
Initial Physician Office Visit		\$100
Ambulance		Up to \$1,500
Specified Injuries^{1,2}		
Fractures (Surgical / Non-surgical)		Up to \$9,000/Up to \$4,500
Dislocations (Surgical / Non-surgical)		Up to \$10,000/Up to \$5,000
Lacerations		Up to \$900
Burns		Up to \$20,000
Dental		Up to \$300
Hospital, Surgical & Diagnostic^{1,3}		
Admission		\$1,500
Daily Confinement (Up to 365 days per accident)		\$300 per day
ICU Confinement (Up to 15 days per accident)		\$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)		\$200 per day
Surgical		Up to \$3,500
Diagnostic		Up to \$300
Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person		
Physician Follow-Up Office Visit		\$150; Up to 6 per accident
Therapy Services		\$75; Up to 6 per accident
Medical Device		\$300
Prosthetic Device(s)		\$1,250; Up to 2 per accident
Additional Benefits¹ – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year		
Transportation (Up to 3 trips per accident)		\$400 per trip
Lodging (Up to 30 nights per accident)		\$200 per night
Childcare (Up to 30 days per accident)		\$30 per day
Health Screening		\$50
Child Sports Injury Booster		10%
Catastrophic Benefits^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person		
Principal Sum (PS)		You: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Common Carrier Accidental Death		300% of PS
Transportation of Remains		Up to \$5,000
Dismemberment & Paralysis		Up to 100% of PS
Reasonable Modifications		Up to 10% of PS
Coma		50% of PS
SERVICES		
Hearing Discount Program		The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

¹Additional limitations apply as described in the certificate.

²Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin within 365 days of accident and ICU confinement within 365 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 180 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

⁴The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

> How Accident Insurance Works

(For Illustration Purposes Only)



Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	\$200
ER Visit	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,200

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

Voluntary Accident Premium Rates

The amounts shown below are **SEMI-MONTHLY** amounts (24 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$4.40 (\$0.29 per day)
Employee/Member + Spouse	\$7.11 (\$0.47 per day)
Employee/Member + Child(ren)	\$8.66 (\$0.57 per day)
Employee/Member + Family	\$11.79 (\$0.78 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the “Express Benefit”?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.



› Voluntary Hospital Indemnity Insurance



When you're hospitalized, expenses can add up quickly.

Hospital stays can be stressful and having to worry about the high costs of hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Sunshine Cottage School for Deaf Children, you have hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.



Coverage guidelines and benefits are outlined below.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. The benefit amount payable is the same for you and your insured dependent(s).

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance? Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.** To find out if you can get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS**AMOUNTS**

Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

Hospital Admission	\$1,000 per admission
Daily Hospital Confinement	\$100 per day
ICU Admission	\$2,000 per admission
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	\$75 per day

Additional Benefits

Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
Express Benefits (1 benefit per hospital admission)	\$100

SERVICES

Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
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VOLUNTARY HOSPITAL INDEMNITY PREMIUM RATES

The amounts shown below are **SEMI-MONTHLY** amounts (24 payments/deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$10.75 (\$0.71 per day)
Employee/Member + Spouse	\$23.65 (\$1.55 per day)
Employee/Member + Child(ren)	\$14.19 (\$0.93 per day)
Employee/Member + Family	\$28.38 (\$1.87 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

Frequently Asked Questions

Who is eligible for this insurance?

To be eligible for this insurance:

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26

Is hospitalization due to childbirth covered?

Yes, maternity is covered under this policy.

What are “Express Benefits”?

This benefit is payable upon notification of an insured person’s hospital or ICU admission. It can be paid in a short time frame with minimal information (compared to a typical hospital or ICU admission claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end when an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are subject to the following:

- Treatment for injury or sickness must occur on or after the insured person’s coverage effective date and while the policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions and other provisions of the policy.
- The exclusions and additional limitations are summarized in the outline of coverage and detailed in the certificate.

All exclusions may not be applicable, or may be adjusted, as required by state regulations. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for “a fixed amount per day (or other period) of hospitalization.” Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

The information describes some of the features of your group hospital indemnity plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan’s benefits, exclusions, and limitations. Should there be any discrepancy between the certificate booklet and this document, the certificate booklet will prevail.

Hospital Indemnity insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent.

