

East Central College

Mutual of Omaha Voluntary Benefits | 2021

www.brainshark.com/mutualofomaha/eastcentralcollege



Mutually *Prepared*





MISSION

Making a difference in the moments that matter for our colleagues, clients, and communities

VISION

To be the world-class leader, revolutionizing our industry and our colleague and client experience

VALUES

- Integrity
- Collaboration
- Passion
- Innovation
- Accountability



Vickie Ward
Voluntary Benefits Consultant



Ellen Witsberger
Senior Account Manager



Scott James
VP Public Entities | Academic Institutions

Welcome | Mutual of Omaha



Karey Moore
Regional Enrollment Consultant
Detroit | St. Louis

Our Mission | Helping you protect what matters most

Our Vision | For every customer... a financial future imagined, planned and secured



Why Mutual of Omaha?

- A+ / Superior Rating | A.M. Best
- Affordable Group Rates
- 99% Customer Satisfaction Ratings
- Commitment and Accountability



Mutual of Omaha Voluntary Benefits

AGENDA



Voluntary Benefits



Health Screening Benefit



Resources



Short-Term Disability



Open Enrollment



Contacts



Critical Illness



Ease Online Enrollment



Notices



Accident



Mutual Solutions



Why Mutual of Omaha?



Who Is Eligible?

Short-Term Disability

SHORT-TERM
DISABILITY

Coverage Example

Salary	\$ 35,000
Weekly Earnings	\$ 673
~ 70% Take-Home	\$ 471
60% Weekly Benefit	\$ 403
~ Net Benefit	~ 86%
Biweekly Cost	\$5.65

Elimination Period	Benefit	Maximum	Duration
22nd Day Accident Illness	60%	\$1,200 / week	10 weeks

**DID
YOU
KNOW?**

Two-thirds of American employees live paycheck to paycheck, without enough savings to cushion a financial blow.

American Payroll Association
2017 "Getting Paid in America" Survey

Short-Term Disability



- Annual Open Enrollment
- Pre-Existing Limitation | Waived if you Enroll Now!
- Off-the-Job Coverage
- Portability
- Premium Waiver
- Dedicated Claims Specialist
- Mutually Progressive Partial Disability
- Survivor Benefit

WAIVED WHEN YOU ENROLL NOW!!!



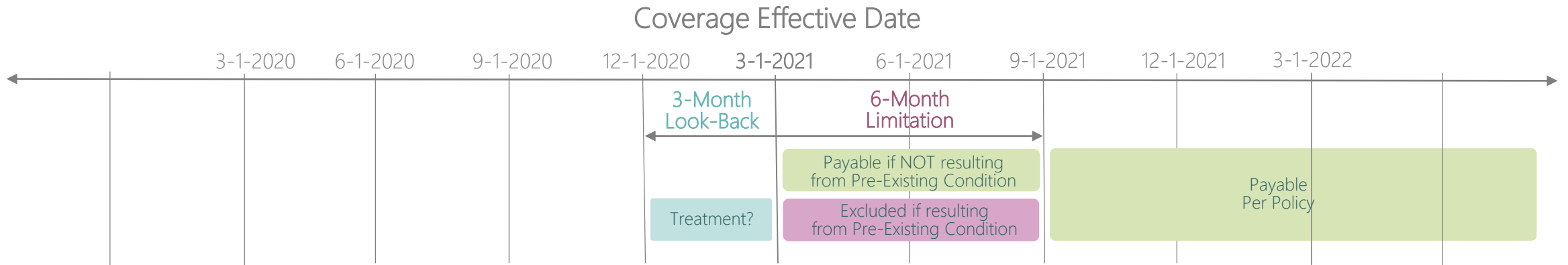
Occurring on or **after your first day of coverage**, if NOT resulting from a condition treated during the **3-Month Look-Back**



Occurring **after 6 months of coverage**, regardless of pre-existing conditions



Occurring during the **6-Month Limitation Period** if ALSO resulting from a condition treated during the **3-Month Look-Back**



Voluntary Critical Illness | Accident Insurance

CRITICAL
ILLNESS

ACCIDENT



- Fill gaps in insurance coverage
- Supplement daily living expenses
- Cover lost income from unpaid time off work
- Mortgage payments
- Car and credit card payments
- Travel to treatment locations
- Out-of-network or experimental medical treatment



\$50 Annual Health Screening Benefit

CRITICAL
ILLNESS

ACCIDENT

Underwritten by
United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company
Mutual of Omaha Affiliates

3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (800) 775-8805
Fax (402) 997-1898
Email submitgrpacc@mutualofomaha.com

Group Critical Illness/Accident Health Screening Benefit Claim Form

Section 1 - Policyholder/Employer Information

Employer Name: _____ Group Number: G000 _____
Employer Address: _____ Employer Phone Number: _____

Section 2 - Claimant Statement (completed by employee/member)

Claimant/Patient Name: First/Last: _____
Claimant/Patient Date of Birth: Mo./Day/Yr.: _____ Sex: M/F _____
Relationship to Employee: Self/Dependent/Spouse/Domestic Partners _____
Employee Name: First/Last: _____ Social Security Number: _____
Employee Date of Birth: Mo./Day/Yr.: _____ Sex: M/F _____
Address: _____ City: _____ State: _____ ZIP Code: _____
Phone: _____ Email: _____

Section 3 - Claimant Information

WHICH POLICY IS THIS BENEFIT BEING REQUESTED FOR? CHECK ALL THAT APPLY: Accident Critical Illness Both Unsure

Section 4 - Health Screening Test/Procedure Information

PLEASE CHECK THE HEALTH SCREENING TEST/PROCEDURE FOR WHICH THIS CLAIM IS BEING FILED:
Please note this benefit is payable once per calendar year for each Insured Person

Abdominal aortic aneurysm ultrasound CA 125 (blood test for ovarian cancer) EKG (electrocardiogram) Pap smear
 Blood test for triglycerides Carotid ultrasound Double contrast barium enema PSA (blood test for prostate cancer)
 Bone marrow testing CEA (blood test for colon cancer) Fasting blood glucose test Serum cholesterol test (HDL & LDL)
 Bone density screening Chest X-ray Flexible sigmoidoscopy SPEP (blood test for myeloma)
 Breast ultrasound Colonoscopy Hemocult stool analysis Stress test (on a bicycle or treadmill)
 CA 15-3 (blood test for breast cancer) CT angiography Mammography Thermography

DATE THE TEST/PROCEDURE WAS PERFORMED: _____ PHYSICIAN NAME: _____ PHYSICIAN PHONE NUMBER: _____
(MM/DD/YYYY)

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Note: This fraud warning does not apply to residents of AL, AR, CA, CO, DC, FL, KS, KY, LA, MA, MD, ME, MI, MN, NY, OH, OR, PA, RI, TN, VA, VT and WA. Please read the specific fraud warning for your state of residence included with this form or available online at www.mutualofomaha.com.)

By signing below, I certify that I have read and understand the fraud warning that applies to my state of residence, and that all information provided on this form is true and complete to the best of my knowledge and belief.

Section 5 - Acknowledgement & Signature

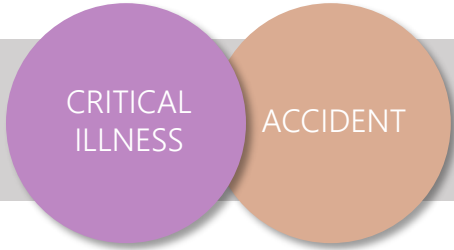
SIGNATURE OF CLAIMANT: _____ DATE: _____
SIGNATURE OF PATIENT, IF AGE 18 OR OLDER (AND NOT THE CLAIMANT): _____ DATE: _____
 Check if Patient is deceased or incapable of signing

- \$50 Benefit | Doubles to \$100 Benefit
- Once per Year | per Covered Member
- Specific Screenings ONLY
- Proof of Procedure | Required
- Results | NOT Required
- Dependent Child(ren) Coverage



Qualifying Health Screenings		
Abdominal aortic aneurysm ultrasound	CEA (blood test for colon cancer)	Hemocult stool analysis
Blood test for triglycerides	Chest X-ray	Mammography
Bone marrow testing	Colonoscopy	Pap smear
Bone density screening	CT angiography	PSA (blood test for prostate cancer)
Breast ultrasound	EKG	Serum cholesterol test
CA 15-3 (blood test for breast cancer)	Double contrast barium enema	SPEP (blood test for myeloma and MS)
CA 125 (blood test for ovarian cancer)	Fasting blood glucose test	Stress test (on a bicycle or treadmill)
Carotid ultrasound	Flexible sigmoidoscopy	Thermography

Voluntary Critical Illness



(age 40) Coverage Example

Employee \$10,000 Child(ren) < 26 \$3,000 (25%)	\$ 7.20
Spouse \$10,000	\$ 7.20
Biweekly Cost	\$ 14.40

	Guarantee	Maximum
Employee	\$10,000	\$10,000
Spouse	\$10,000	\$10,000 100% of EE Benefit
Children < 26	\$3,000	25% of EE Benefit \$3,000



A Critical Illness insurance policy can provide the extra security you need to help lessen the financial impact associated with the treatment and recovery of a serious illness, so you can focus on recovery.

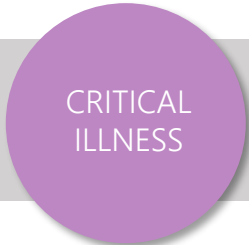
The Need for Critical Illness

Modern medicine has improved our chances of recovering from a critical illness physically, but could you recover financially?



- 18.2 million adults (6.7% of those age 20 and older) have Coronary Artery Disease
- Each year, 805k Americans have a heart attack; and about 795k people have a stroke; that's one of each, every 40 seconds
- 25% of heart attacks are second occurrences
- More than 1.7 million people were diagnosed with a new cancer in 2017

Critical Illness | Covered Diagnoses



Heart Circulatory Motor Function	100%	Heart Attack Heart Transplant Stroke
	100%	ALS (Lou Gehrig's) Adv Alzheimer's Adv Parkinson's
	25%	Heart Valve Surgery Coronary Artery Bypass Aortic Surgery
Organ	100%	Major Organ Transplant UNOS Placement
	100%	End-Stage Renal Failure
	25%	Acute Respiratory Distress Syndrome (ARDS)
Childhood Developmental*	100%	Cerebral Palsy Type 1 Diabetes Genetic Disorders
	100%	Structural Congenital Defects
	100%	Congenital Metabolic Disorders
Cancer	100%	Cancer (Invasive) 100%
	50%	Bone Marrow Transplant
	25%	Carcinoma in Situ Benign Brain Tumor

Diagnoses that occur prior to your coverage effective date or outside the United States are excluded from coverage. Check your benefit summary and coverage outline for more details.



- Finding a Doctor
- Referrals | Appointments
- Treatment Options
- Medical Procedure Expectations
- Understanding Test Results
- Locating Community Resources
- Coordinating Home Health Care
- Diagnosis Clarification



Critical Illness 12 | 12 Pre-Existing Limitation



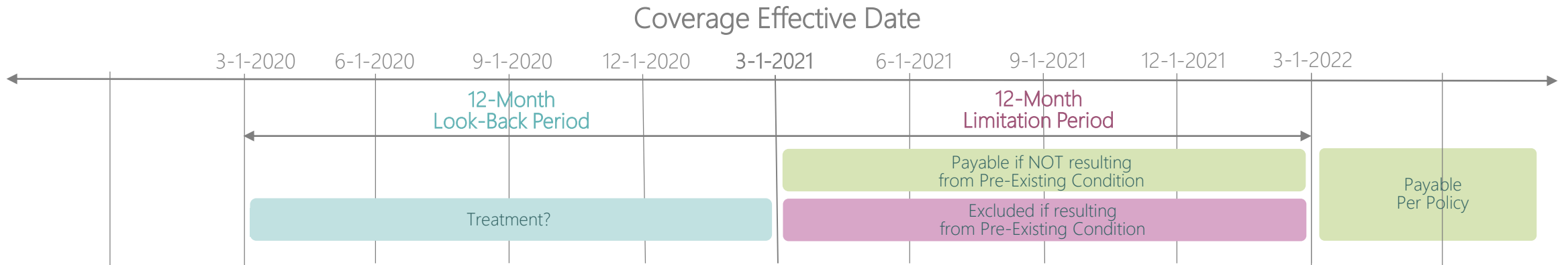
Occurring on or **after your first day of coverage**, if NOT resulting from a condition treated during the **12-Month Look-Back**



Occurring **after 12 months of coverage**, regardless of pre-existing conditions



Occurring during the **12-Month Limitation Period** if ALSO resulting from a condition treated during the **12-Month Look-Back**



Voluntary Accident Insurance

ACCIDENT

Coverage Tiers (Biweekly Cost)

Employee Only	\$ 6.70
Employee and Spouse	\$ 11.00
Employee and Child(ren)	\$ 15.40
Family	\$ 20.70

- Annual Open Enrollment
- No Pre-Existing Limitations
- Set Benefit Amounts | Coverage Outline
- \$100 Express Benefit | \$50 Annual Health Screening Benefit
- Non-Occupational Coverage (off-the-job)
- Unlimited Accidents | 365 Days to submit claims



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

Voluntary Accident Insurance | How It Works

ACCIDENT

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



BENEFITS	AMOUNT
Ambulance	\$300
ER Visit	\$200
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$900
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,950



What is Open Enrollment?



All Employees Are Required to Register



You are NOT required to take coverage in order to qualify for the Amazon Gift Card Drawings

Where Can I Learn More?

OPEN
ENROLLMENT



**BN
SK**

MutuallyPrepared
Brainshark Presentation

www.brainshark.com/mutualofomaha/eastcentralcollege



Live Virtual Group Meetings

- ❖ Tuesday, February 23rd [Join Meeting - 10am](#) | [Join Meeting - 2pm](#)
- ❖ Wednesday, February 24th [Join Meeting - 3pm](#)
- ❖ Thursday, February 25th [Join Meeting - 9am](#)



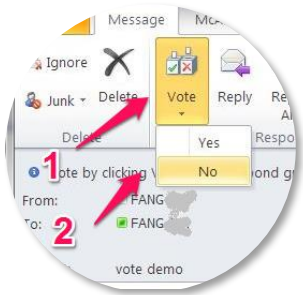
Individual 1:1 Session | Mutual of Omaha
Karey Moore | Regional Enrollment Consultant

[Click here to schedule](#)

Amazon Gift Card Drawings



Whether you choose to enroll or waive benefits, you will still be eligible for prize drawings as follows:



- Attend or view any one of the educational sessions on or before Friday, February 26th, then watch for an email from HR to ask which presentation you joined – all those responding to confirm will be eligible to win.
- Complete your registration and elections in Ease by Friday, February 26th – winners will be chosen from all who are complete in the system, even if coverage is waived.

Important Dates


OPEN ENROLLMENT


Open Enrollment via [ease](#)
February 5th – 26th























 Virtual Group Meeting
Throughout February

 1:1 Bookings Session
Through February 26th

26 Online Enrollment Deadline
Friday, February 26th

 Email Response Due to HR
Wednesday, March 1st

 Gift Card Winners Announced
Friday, March 3rd

FEBRUARY 2021						
S	M	T	W	T	F	S
	1	2	3	4	5  10am  2pm	6
7	8 	9 	10  10am  2pm	11 	12 	13
14	15 	16 	17  2pm	18  10am  1:30pm	19 	20
21	22 	23  10am  2pm	24  3pm	25  9am	26 	27
28	29	30	1 			

Welcome to Ease

Welcome Karey,

Your Manager is using Ease.

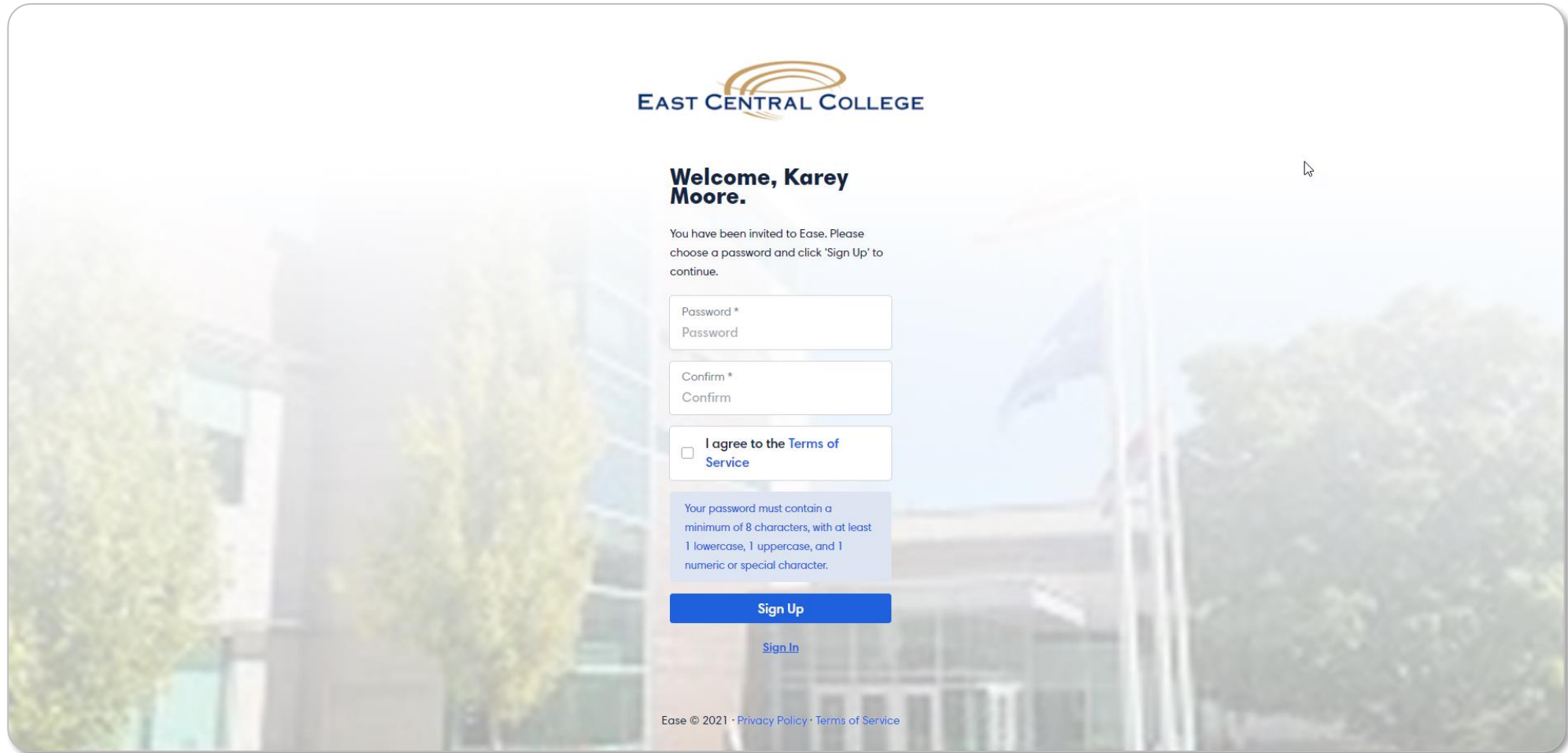
Ease helps you manage your time and other important tasks.

Please log in to your profile here:

Important: This email is intended only for Karey Moore and should not be forwarded to anyone else.

Sign Up

- Required for All Employees
- Personalized Registration Link from noreply@ease.com
- Friday, February 5th – Friday, February 26th
- 10 minutes or less!



EAST CENTRAL COLLEGE

Welcome, Karey Moore.

You have been invited to Ease. Please choose a password and click 'Sign Up' to continue.

Password *
Password

Confirm *
Confirm

I agree to the [Terms of Service](#)

Your password must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.

[Sign Up](#)

[Sign In](#)

Ease © 2021 · [Privacy Policy](#) · [Terms of Service](#)

Hearing Discount Program

HEALTH
SCREENING



- Low price guarantee on hearing aids
- Discount on hearing testing | diagnosis
- Risk-free 60-day trial period
- money-back guarantee
- One-year free follow-up care
- Three-year warranty
- Two-year supply of free batteries
- Assistance locating a provider
- No enrollment fees



amplifon amplifonusa.com/mutualofomaha | 866-211-6044

We Appreciate Your Time!

CONTACTS



Please direct questions regarding this presentation to:



Wendy Hartmann
Director of Human Resources
636 | 584-6712
wendy.hartmann@eastcentral.edu



Kim Aguilar
Human Resources Generalist
636 | 584-6710
kimberly.aguilar@eastcentral.edu



United of Omaha Life Insurance Company

3300 Mutual of Omaha Plaza

Omaha, NE 68175

United of Omaha Life Insurance Company is licensed nationwide, except in New York.

Mutual of Omaha Life Insurance Company

3300 Mutual of Omaha Plaza

Omaha, NE 68175

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- Accident Insurance | United of Omaha | Policy Form Number 7000GM-U-EZ 2010 State Equivalent 7000GM-U-EZ 2010 NC
- Critical Illness Insurance | United of Omaha | Policy Form Number 7000GM-U-EZ 2010 State Equivalent 7000GM-U-EZ 2010 NC
- Disability Income Insurance | United of Omaha | Policy Form Number 7000GM-U-EZ 2010 State Equivalent 7000GM-U-EZ 2010 NC
- Life Insurance | United of Omaha | Policy Form Number 7000GM-U-EZ 2010 State Equivalent 7000GM-U-EZ 2010 NC
- Dental Insurance | United of Omaha | Policy Form Number 7000GM-U-EZ 2010 State Equivalent 7000GM-U-EZ 2010 NC
- Vision Insurance | United of Omaha | 1-800-769-7159 | Policy Form Number G2018MP
- Accidental Death and Dismemberment (AD&D) | Mutual of Omaha | Policy Form Number 7000GM-M-EZ 2010
- Some exclusions, limitations and reductions may apply. Please contact Mutual of Omaha | United of Omaha for specific product details and policy provisions.
- Mutual of Omaha Life Insurance Company | United of Omaha Life Insurance Company is responsible for its own contractual and financial obligations.
- This information describes some of the features of the benefits plan. 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.
- Benefits availability is subject to final acceptance and approval of the group application by the underwriting company.