UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

› 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 East Central College, 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 19 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	Non-occupational (Off-job only)
Express Benefit	$100
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS	AMOUNTS
Initial Care & Emergency[1] – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	$200
Urgent Care Center	$125
Initial Physician Office Visit	$100
Ambulance	Up to $1,500
Specified Injuries[1,2]	
Fractures (Surgical / Non-surgical)	Up to $6,000/Up to $3,000
Dislocations (Surgical / Non-surgical)	Up to $9,000/Up to $4,500
Lacerations	Up to $800
Burns	Up to $15,000
Dental	Up to $300
Hospital, Surgical & Diagnostic[1,3]	
Admission	$1,000
Daily Confinement (Up to 365 days per accident)	$200 per day
ICU Confinement (Up to 15 days per accident)	$400 per day
Rehab. Facility Confinement (Up to 30 days per accident)	$100 per day
Surgical	Up to $1,500
Diagnostic	Up to $200
Follow-Up Care[1] – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	$75; Up to 6 per accident
Therapy Services	$25; Up to 6 per accident
Medical Device	$100
Prosthetic Device(s)	$750; Up to 2 per accident
Additional Benefits[1] – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year	
Transportation (Up to 3 trips per accident)	$300 per trip
Lodging (Up to 30 nights per accident)	$125 per night
Childcare (Up to 30 days per accident)	$20 per day
Health Screening	$50
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.

[1]Additional limitations apply as described in the certificate.

[2]Fractures 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.

[3]Daily confinement must begin with 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 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.

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 **BI-WEEKLY** 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	$6.70 ($0.44 per day)
Employee/Member + Spouse	$11.00 ($0.72 per day)
Employee/Member + Child(ren)	$15.40 ($1.01 per day)
Employee/Member + Family	$20.70 ($1.36 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 19 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.

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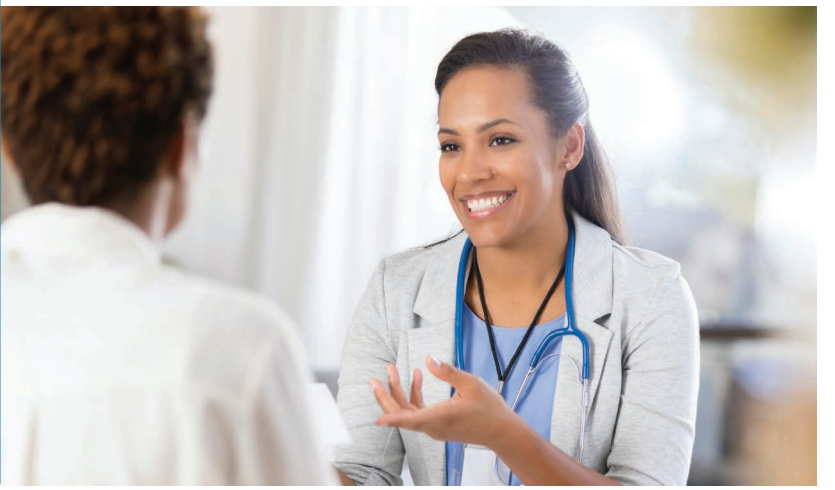
Employee Benefits

Health Screening Benefit

Accident Insurance Policy



You've already made the wise decision to purchase an Accident insurance policy. But did you know this coverage also includes a health screening benefit? Your Accident* policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.

Advantages of Health Screenings

- Find diseases and conditions at an early stage to prevent a critical illness
- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available Health Screenings Include

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- EKG
- Double contrast barium enema (X-ray of the large intestines, colon and rectum)
- Fasting blood glucose test
- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

Benefits are paid once per calendar year per insured person for one of the listed screenings. A complete list of the benefit amount payable can be found in the contract.

Here's How to Submit a Claim

1. Complete one of the 24 health screening tests listed
2. Obtain a copy of the test result or provider invoice
3. Submit claim form and test result or provider invoice to submitgrpacc@mutualofomaha.com or fax to (402) 977-1898

*With a critical illness insurance policy, the health screening benefit is not approved in CT and the District of Columbia (D.C.). With an accident insurance policy, the health screening benefit is not approved in CO, CT, MT, ND, NH, NY and TX.

Mutual of Omaha

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

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	❑ Hemoccult 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 (MM/DD/YYYY) | PHYSICIAN NAME | PHYSICIAN PHONE NUMBER

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, NJ, NM, NY, OH, OR, PR, 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