



# Dental Insurance

## LOW PLAN - FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are shared by you and the policyholder. The premium amounts below reflect your contribution to the cost of this insurance.

### LATE ENTRANT

<b>Type A</b>	None
<b>Type B</b>	12 Months

### PLAN YEAR DEDUCTIBLES AND MAXIMUMS

	IN-NETWORK	OUT-NETWORK
<b>Type A</b>	Waived	Waived
<b>Type B Deductible</b>		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
<b>Annual Maximum</b>	\$1,000	\$1,000

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

### COVERED SERVICES

	IN-NETWORK	OUT-NETWORK
<b>Type A Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Brush Biopsy/Cancer Screening</li> <li>• Harmful Habit Appliances</li> <li>• Full Mouth X-rays, Panoramic Film</li> </ul>		

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
<b>Type B Services</b>	80%	80%
<ul style="list-style-type: none"> <li>• All Other X-Rays</li> <li>• Palliative Treatment</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> <li>• Simple Extractions</li> </ul>		

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

Out-Network allowances are based on Mutual of Omaha's Maximum Allowance. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

### LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 24 month period.
- Fluoride – For dependent children up to age 16. 1 service in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 16.
- Cleaning – 2 services in a 12 month period. An additional 2 services if required for documented medical reasons.
- Sealants – For dependent children up to age 16; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 1 service in a 12 month period.
- Space Maintainers – For dependent children up to age 16, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

### SERVICES

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
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### PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
<b>Employee/Member</b>	\$3.26
<b>Employee/Member + Spouse</b>	\$7.27
<b>Employee/Member + Child(ren)</b>	\$10.09
<b>Employee/Member + Family</b>	\$13.49

#### To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Dental Coverage election section on your enrollment form. Place a √ or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

# > 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.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

## Are there any waiting periods on this plan?

There is never a waiting period for Type A services. All insured persons will have these services available to them on the day they become effective.

Any employee who did not elect coverage when they were first eligible are considered 'late' to the plan at any other time they enroll. For these insureds, there is a late entrant waiting period of 12 Months for Type B services and Does not apply for Type C services.

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

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. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).





# Dental Insurance

## HIGH PLAN - FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are shared by you and the policyholder. The premium amounts below reflect your contribution to the cost of this insurance.

### LATE ENTRANT

<b>Type A</b>	None
<b>Type B</b>	12 Months
<b>Type C</b>	12 Months

### PLAN YEAR DEDUCTIBLES AND MAXIMUMS

	IN-NETWORK	OUT-NETWORK
<b>Type A</b>	Waived	Waived
<b>Type B &amp; C Deductible</b>		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
<b>Annual Maximum</b>	\$1,000	\$1,000

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

### COVERED SERVICES

	IN-NETWORK	OUT-NETWORK
<b>Type A Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Brush Biopsy/Cancer Screening</li> <li>• Harmful Habit Appliances</li> <li>• Full Mouth X-rays, Panoramic Film</li> </ul>		

<b>COVERED SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-NETWORK</b>
<b>Type B Services</b> <ul style="list-style-type: none"> <li>• All Other X-Rays</li> <li>• Palliative Treatment</li> <li>• Periodontal Maintenance</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> <li>• Endodontics</li> <li>• Surgical Extractions</li> <li>• General Anesthesia or I.V. Sedation</li> <li>• Surgical Periodontics</li> <li>• Non-Surgical Periodontics</li> </ul>	90%	80%
<b>Type C Services</b> <ul style="list-style-type: none"> <li>• Full or Partial Removable Dentures</li> <li>• Repair of Full or Partial Removable Dentures</li> <li>• Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures</li> <li>• Bridges</li> <li>• Repair/Recementation of Bridges</li> <li>• Cast Crowns, Inlays, Onlays, Labial Veneers</li> <li>• Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers</li> </ul>	60%	50%

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

This plan provides different coverage levels for In-Network and Out-Network services. By using an In-Network provider, plan members will save more through the predetermined fee arrangement and better benefit coverage.

Out-Network allowances are based on Mutual of Omaha's Maximum Allowance. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

## **LIMITATIONS**

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 24 month period.
- Fluoride – For dependent children up to age 16. 1 service in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 16.
- Cleaning – 2 services in a 12 month period. An additional 2 services if required for documented medical reasons.
- Sealants – For dependent children up to age 16; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 1 service in a 12 month period.
- Space Maintainers – For dependent children up to age 16, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 5 years.
- Bridges – Replacement allowed once in 5 years.
- Dentures – Replacement allowed once in 5 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

**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](http://www.amplifonusa.com/mutualofomaha) to learn more.

**PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE**

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
Employee/Member	\$6.55
Employee/Member + Spouse	\$15.08
Employee/Member + Child(ren)	\$18.99
Employee/Member + Family	\$25.82

**To enroll for dental coverage:**

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Dental Coverage election section on your enrollment form. Place a  $\checkmark$  or an  $x$  in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

# > 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.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

## Are there any waiting periods on this plan?

There is never a waiting period for Type A services. All insured persons will have these services available to them on the day they become effective.

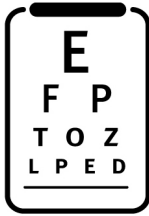
Any employee who did not elect coverage when they were first eligible are considered 'late' to the plan at any other time they enroll. For these insureds, there is a late entrant waiting period of 12 Months for Type B services and 12 Months for Type C services.

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

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. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).





# Voluntary Vision Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES		
<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.	
BENEFITS	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
<b>Exam with Dilation as Necessary</b>	\$10 copay	Up to \$37
<b>Exam Options:</b> <ul style="list-style-type: none"> <li>•Retinal Imaging</li> <li>•Standard Contact Lens Fit &amp; Follow-up</li> <li>•Premium Contact Lens Fit &amp; Follow-up</li> </ul>	<ul style="list-style-type: none"> <li>•Up to \$39</li> <li>•Up to \$40</li> <li>•10% off retail price</li> </ul>	•Not Applicable
<b>Frames</b> <ul style="list-style-type: none"> <li>•Any available frame at provider location</li> </ul>	•\$0 copay, \$130 allowance plus 20% off balance over allowance	•Up to \$58
<b>Standard Plastic Lenses:</b> <ul style="list-style-type: none"> <li>•Single Vision</li> <li>•Bifocal</li> <li>•Trifocal</li> <li>•Lenticular</li> <li>•Standard Progressive Lenses (add on to bifocal copay)</li> <li>•Premium Progressive Lenses (add on to bifocal copay) <ul style="list-style-type: none"> <li>•Tier 1</li> <li>•Tier 2</li> <li>•Tier 3</li> <li>•Tier 4</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$0 copay</li> <li>•\$20 copay</li> <li>•\$30 copay</li> <li>•\$45 copay</li> <li>•\$0 copay plus 80% of charge less \$120 allowance</li> </ul>	<ul style="list-style-type: none"> <li>•Up to \$32</li> <li>•Up to \$48</li> <li>•Up to \$76</li> <li>•Up to \$76</li> <li>•Up to \$100</li> <li>•Up to \$100</li> <li>•Up to \$100</li> <li>•Up to \$100</li> </ul>
<b>Lens Options:</b> <ul style="list-style-type: none"> <li>•UV Coating</li> <li>•Tint (Solid and Gradient)</li> <li>•Standard Scratch Coating</li> <li>•Standard Polycarbonate (Adults)</li> <li>•Standard Polycarbonate (Children under 19)</li> <li>•Standard Anti-Reflective</li> <li>•Photochromic – Transitions</li> </ul>	<ul style="list-style-type: none"> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$45</li> </ul>	<ul style="list-style-type: none"> <li>•Up to \$12</li> <li>•Up to \$12</li> <li>•Up to \$12</li> <li>•Up to \$32</li> <li>•Up to \$32</li> <li>•Not Applicable</li> <li>•Not Applicable</li> </ul>



•Other Add-ons	•\$75 •20% off retail price	•Not Applicable
<b>Contact Lenses:</b> (Contact lens allowance includes materials only)		
•Conventional	•\$0 copay, \$130 allowance plus 15% off balance over allowance	•Up to \$89
•Disposable	•\$0 copay, \$130 allowance	•Up to \$104
•Medically Necessary	•\$0 copay, paid in full	•Up to \$210
<b>Laser Vision Correction:</b>		
•LASIK or PRK from U.S. Laser Network	•15% off retail price or 5% off promotional price	
<b>Additional Pair of Glasses or Contacts</b>	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used	
<b>FREQUENCY</b>		
<b>Exams</b>	Once every 12 months	
<b>Lenses or Contact Lenses</b>	Once every 12 months	
<b>Frames</b>	Once every 12 months	

\*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

#### EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

#### SERVICES

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
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#### PREMIUM AMOUNTS

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
Employee/Member	\$2.30
Employee/Member + 1	\$4.15
Employee/Member + 2 or more	\$7.38

# › Frequently Asked Questions

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

## How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **[www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

## How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

## Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

## Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

## Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

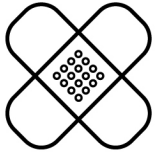
- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

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# Voluntary Accident Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

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).

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	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.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.
<b>PLAN INFORMATION</b>	
<b>INFORMATION / AMOUNT(S)</b>	
<b>Coverage Type</b>	Non-occupational (Off-job only)
<b>Express Benefit</b>	\$75
<b>Annual Benefit Maximum (ABM)</b>	Not Included
<b>Portability</b>	Included
<b>BENEFITS</b>	<b>AMOUNTS</b>
<b>Initial Care &amp; Emergency<sup>1</sup></b> – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
<b>Emergency Room</b>	\$150
<b>Urgent Care Center</b>	\$100
<b>Initial Physician Office Visit</b>	\$75
<b>Ambulance</b>	Up to \$1,000
<b>Specified Injuries<sup>1,2</sup></b>	
<b>Fractures (Surgical / Non-surgical)</b>	Up to \$6,000/Up to \$3,000
<b>Dislocations (Surgical / Non-surgical)</b>	Up to \$9,000/Up to \$4,500
<b>Lacerations</b>	Up to \$800
<b>Burns</b>	Up to \$15,000
<b>Dental</b>	Up to \$300
<b>Hospital, Surgical &amp; Diagnostic<sup>1,3</sup></b>	
<b>Admission</b>	\$1,000
<b>Daily Confinement (Up to 365 days per accident)</b>	\$200 per day
<b>ICU Confinement (Up to 15 days per accident)</b>	\$400 per day
<b>Rehab. Facility Confinement (Up to 30 days per accident)</b>	\$100 per day
<b>Surgical</b>	Up to \$1,500
<b>Diagnostic</b>	Up to \$200
<b>Follow-Up Care<sup>1</sup></b> – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
<b>Physician Follow-Up Office Visit</b>	\$50; Up to 4 per accident
<b>Therapy Services</b>	\$25; Up to 6 per accident
<b>Medical Device</b>	\$50
<b>Prosthetic Device(s)</b>	\$500; Up to 2 per accident

<b>Additional Benefits<sup>1</sup></b> – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year	
<b>Transportation (Up to 3 trips per accident)</b>	\$450 per trip
<b>Lodging (Up to 30 nights per accident)</b>	\$150 per night
<b>Childcare (Up to 30 days per accident)</b>	\$30 per day
<b>Health Screening</b>	\$50
<b>Catastrophic Benefits<sup>1,4</sup></b> – Benefits are payable within 365 days of accident; Once per accident per insured person	
<b>Principal Sum (PS)</b>	You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
<b>Common Carrier Accidental Death</b>	300% of PS
<b>Transportation of Remains</b>	Up to \$5,000
<b>Dismemberment &amp; Paralysis</b>	Up to 100% of PS
<b>Reasonable Modifications</b>	Up to 10% of PS
<b>Coma</b>	50% of PS
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.

<sup>1</sup>Additional limitations apply as described in the certificate.

<sup>2</sup>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.

<sup>3</sup>Daily confinement must begin within 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.

<sup>4</sup>The 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
<b>Total Benefit</b>	<b>\$1,200</b>

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 (26 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	\$2.79 (\$0.20 per day)
Employee/Member + Spouse	\$4.47 (\$0.32 per day)
Employee/Member + Child(ren)	\$5.94 (\$0.42 per day)
Employee/Member + Family	\$8.05 (\$0.57 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 Critical Illness Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	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.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.

BENEFIT CATEGORY <sup>1</sup>	CONDITION	% OF CI PRINCIPAL SUM
<b>Heart/Circulatory/Motor Function</b>	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%
<b>Organ</b>	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%
<b>Childhood/Developmental</b> <small>*benefits only available to children</small>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
<b>Cancer</b>	Cancer (Invasive)	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%

## COVERAGE GUIDELINES<sup>2</sup>

	MINIMUM	MAXIMUM	GUARANTEE ISSUE <sup>3</sup>
<b>For You</b> Elect in \$5,000 increments	\$5,000	\$30,000	\$30,000
<b>Spouse</b> Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$30,000	\$30,000
<b>Child(ren)</b> <small>*benefit for each child</small>		25% of employee's CI Principal Sum, up to \$8,000	\$5,000

## ADDITIONAL BENEFITS

<b>Policy Benefit Maximum</b>	The maximum payout amount is 400% of the CI 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.
<b>Health Screening Benefit</b>	Pays a flat, annual benefit of \$50 for a health screening test.



<b>Additional Occurrence Benefit</b>	Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.
<b>Reoccurrence Benefit</b>	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.
<b>Portability</b>	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.

### **CONDITIONS & LIMITATIONS**

<b>Age Reductions</b>	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.
<b>Benefit Waiting Period</b>	There is no benefit waiting period.

### **SERVICES**

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Advocacy</b>	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 <a href="mailto:careadvocates@gilsbar.com">careadvocates@gilsbar.com</a> for assistance.

<sup>1</sup>Payment of a partial benefit reduces the remaining amount payable in a category.

<sup>2</sup>The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

<sup>3</sup>Subject to any reductions, Guarantee 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.

<b>VOLUNTARY CRITICAL ILLNESS EMPLOYEE OR SPOUSE PREMIUM RATES (26 PAYROLL DEDUCTIONS PER YEAR)</b>						
<b>Age</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>
<b>0 - 29</b>	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60
<b>30 - 39</b>	\$0.92	\$1.85	\$2.77	\$3.69	\$4.62	\$5.54
<b>40 - 49</b>	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80
<b>50 - 59</b>	\$3.39	\$6.78	\$10.18	\$13.57	\$16.96	\$20.35
<b>60 - 69</b>	\$6.42	\$12.83	\$19.25	\$25.66	\$32.08	\$38.49
<b>70 - 79</b>	\$10.36	\$20.72	\$31.08	\$41.45	\$51.81	\$62.17
<b>80+</b>	\$13.62	\$27.23	\$40.85	\$54.46	\$68.08	\$81.69

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 insurance?

- 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 additional occurrence benefit?

Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.

## What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness, subject to certain conditions. The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.

## 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:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any Critical Illness that:
  - Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Results from an act of declared or undeclared war or armed aggression
  - Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
  - Results from illegal activities, including participation in an illegal occupation
  - Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
  - Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Critical Illness 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.





# Term Life Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

## ELIGIBILITY - ALL ELIGIBLE MANAGER(S)

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are shared by you and the policyholder.

## BENEFITS

<b>Life Insurance Benefit Amount</b>	For You: \$15,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$12,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Additional AD&amp;D Benefits</b>	In addition to basic AD&D benefits, you are protected by the following benefits: <ul style="list-style-type: none"> <li>- Child Education</li> <li>- Airbag</li> <li>- Seat Belt</li> <li>- Common Carrier</li> </ul>
<b>Portability</b>	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

## SERVICES

<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Employee Assistance Program (EAP)</b>	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.

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We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit [www.willprepservices.com](http://www.willprepservices.com).

**AGE REDUCTIONS AND EXCLUSIONS**

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# > 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.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## 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 may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 70, amounts reduce to 65%
  - At age 75, amounts reduce to 50%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# Voluntary Term Life Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	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.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
<b>For You</b>	\$10,000	5 times annual salary, up to \$200,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
<b>Spouse</b>	\$5,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$500,000
<b>Children</b>	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee 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.

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>You have the option to elect AD&amp;D coverage for yourself, your spouse and your dependent child(ren). If coverage is elected, the Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&amp;D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$400,000.
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<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
<b>Additional AD&amp;D Benefits</b>	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education                      - Seat Belt                                      - Airbag - Repatriation                              - Common Carrier
<b>Portability</b>	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

**SERVICES**

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep Services</b>	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .

**AGE REDUCTIONS AND EXCLUSIONS**

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

Spouse coverage terminates when you reach age 80.

Life insurance benefits will not be paid if the insured's death is the result of suicide within one year from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# Voluntary Term Life 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 \$10,000. 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 Life 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. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 24	\$0.22	\$0.44	\$0.66	\$0.89	\$1.11	\$1.33	\$1.55	\$1.77	\$1.99	\$2.22
25 - 29	\$0.27	\$0.54	\$0.82	\$1.09	\$1.36	\$1.63	\$1.91	\$2.18	\$2.45	\$2.72
30 - 34	\$0.36	\$0.72	\$1.08	\$1.44	\$1.80	\$2.16	\$2.52	\$2.88	\$3.24	\$3.60
35 - 39	\$0.41	\$0.81	\$1.22	\$1.62	\$2.03	\$2.44	\$2.84	\$3.25	\$3.66	\$4.06
40 - 44	\$0.45	\$0.90	\$1.36	\$1.81	\$2.26	\$2.71	\$3.17	\$3.62	\$4.07	\$4.52
45 - 49	\$0.68	\$1.36	\$2.04	\$2.71	\$3.39	\$4.07	\$4.75	\$5.43	\$6.11	\$6.78
50 - 54	\$1.04	\$2.08	\$3.12	\$4.15	\$5.19	\$6.23	\$7.27	\$8.31	\$9.35	\$10.38
55 - 59	\$1.95	\$3.90	\$5.84	\$7.79	\$9.74	\$11.69	\$13.63	\$15.58	\$17.53	\$19.48
60 - 64	\$2.99	\$5.98	\$8.97	\$11.96	\$14.95	\$17.94	\$20.94	\$23.93	\$26.92	\$29.91
65 - 69	\$5.72	\$11.45	\$17.17	\$22.89	\$28.62	\$34.34	\$40.06	\$45.78	\$51.51	\$57.23
70+	\$9.34	\$18.67	\$28.01	\$37.35	\$46.68	\$56.02	\$65.36	\$74.70	\$84.03	\$93.37

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) 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.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 24	\$0.11	\$0.22	\$0.33	\$0.44	\$0.55	\$0.66	\$0.78	\$0.89	\$1.00	\$1.11
25 - 29	\$0.14	\$0.27	\$0.41	\$0.54	\$0.68	\$0.82	\$0.96	\$1.09	\$1.23	\$1.36
30 - 34	\$0.18	\$0.36	\$0.54	\$0.72	\$0.90	\$1.08	\$1.26	\$1.44	\$1.62	\$1.80
35 - 39	\$0.20	\$0.41	\$0.61	\$0.81	\$1.02	\$1.22	\$1.42	\$1.62	\$1.83	\$2.03
40 - 44	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.36	\$1.58	\$1.81	\$2.04	\$2.26
45 - 49	\$0.34	\$0.68	\$1.02	\$1.36	\$1.70	\$2.04	\$2.38	\$2.71	\$3.06	\$3.39
50 - 54	\$0.52	\$1.04	\$1.56	\$2.08	\$2.60	\$3.12	\$3.64	\$4.15	\$4.68	\$5.19
55 - 59	\$0.97	\$1.95	\$2.92	\$3.90	\$4.87	\$5.84	\$6.82	\$7.79	\$8.76	\$9.74
60 - 64	\$1.50	\$2.99	\$4.49	\$5.98	\$7.48	\$8.97	\$10.47	\$11.96	\$13.46	\$14.95
65 - 69	\$2.86	\$5.72	\$8.58	\$11.45	\$14.31	\$17.17	\$20.03	\$22.89	\$25.75	\$28.62
70 - 79	\$4.67	\$9.34	\$14.01	\$18.67	\$23.34	\$28.01	\$32.68	\$37.35	\$42.02	\$46.68

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*				
\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.16	\$0.32	\$0.48	\$0.65	\$0.81

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

# Voluntary AD&D 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.

You have the ability to elect AD&D coverage for yourself and your eligible dependents in an amount equal to the amount of your and your eligible dependents life insurance. However, there are some guidelines you need to consider when choosing this coverage.

## COVERAGE SELECTION GUIDELINES

- 1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
- 2) AD&D coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
- 3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.

## COVERAGE SELECTION AND PREMIUM CALCULATION

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

- 1) Locate the benefit amount equal to your amount of life insurance from the top row of the employee premium table.
- 2) Locate the corresponding premium amount in the row below.
- 3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form.

If the benefit amount 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 that equals your amount of life insurance. For example, if your amount of life insurance is \$150,000 in coverage, you obtain your AD&D premium amount by multiplying the rate for \$50,000 times 3.

<b>EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)</b>									
<b>\$10,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>	<b>\$50,000</b>	<b>\$60,000</b>	<b>\$70,000</b>	<b>\$80,000</b>	<b>\$90,000</b>	<b>\$100,000</b>
\$0.12	\$0.24	\$0.36	\$0.48	\$0.60	\$0.72	\$0.84	\$0.96	\$1.08	\$1.20

Follow the method described above to calculate premiums for optional dependent spouse and/or child(ren) coverage.

<b>SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)</b>									
<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>	<b>\$35,000</b>	<b>\$40,000</b>	<b>\$45,000</b>	<b>\$50,000</b>
\$0.06	\$0.12	\$0.18	\$0.24	\$0.30	\$0.36	\$0.42	\$0.48	\$0.54	\$0.60

<b>ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)</b>				
<b>\$2,000</b>	<b>\$4,000</b>	<b>\$6,000</b>	<b>\$8,000</b>	<b>\$10,000</b>
\$0.02	\$0.05	\$0.07	\$0.10	\$0.12

\*Regardless of how many children you have, they are included in the “All Children” premium amounts listed in the table above.

# > 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.
- 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 Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## 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 may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

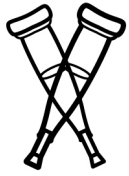
- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 70, amounts reduce to 65%
  - At age 75, amounts reduce to 50%
- Spouse coverage terminates when you reach age 80.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within one year from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## BENEFITS

<b>Elimination Period</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 15th day of your disabling injury.</li> <li>• On the 15th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.  The premium for your short-term disability coverage is waived while you are receiving benefits.
<b>Maximum Benefit Period</b>	Up to 24 weeks
<b>Maximum Weekly Benefit</b>	\$1,400
<b>Minimum Weekly Benefit</b>	\$25
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

## DEFINITIONS

<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

## FEATURES

<b>Voluntary Vocational Rehabilitation Benefit</b>	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
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<b>Portability</b>	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
<b>Reasonable Accommodation</b>	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.

**SERVICES**

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
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**VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION**

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

<b>BI-WEEKLY PREMIUM CALCULATION</b>		<b>EXAMPLE</b> <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$2,333.33)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0180000</u>	<u>0.0180000</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>13.85</u>

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

# > 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.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## 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, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention 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.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a failed drug test
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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

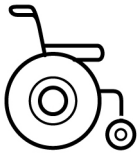
In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

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. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income 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.









# Voluntary Long-Term Disability Insurance

FOR EMPLOYEES OF BUCHHEIT ENTERPRISES, INC

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## BENEFITS

<b>Elimination Period</b>	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$100
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.

## DEFINITIONS

<b>Own Occupation</b>	2 Years
<b>Own Occupation Earnings Test</b>	99%
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.

## FEATURES

<b>Voluntary Vocational Rehabilitation Benefit</b>	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
<b>Reasonable Accommodation</b>	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.

**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](http://www.amplifonusa.com/mutualofomaha) to learn more.

**VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION**

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

<b>BI-WEEKLY PREMIUM CALCULATION</b>		<b>EXAMPLE</b> <i>(42-year-old employee earning \$40,000 a year)</i>
List your monthly earnings (Maximum is \$10,000)	\$ _____	\$ <u>3,333.33</u>
Multiply by the premium factor	_____	<u>0.0013292</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>4.43</u>

<b>AGE</b>	<b>PREMIUM FACTOR</b>
< 35	0.0006138
35 - 39	0.0007754
40 - 44	0.0013292
45 - 49	0.0020077
50 - 54	0.0031708
55 - 59	0.0042092
60+	0.0046615

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

# > 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.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## 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, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 12 months per occurrence.
- Disabilities related to mental disorders are only payable for up to 12 months per occurrence.
- Disabilities related to self-reported conditions are only payable for up to 12 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention 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.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Results from alcohol and drug abuse and/or substance abuse, except as noted above
  - Results from a mental disorder, except as noted above
  - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a failed drug test
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income 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.



