VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Proposal for: Fort Madison Health Center Operations, LLC
Alternate: 12.00

The following Voluntary Hospital Indemnity plan is being proposed on a fully-insured basis effective **09/01/2023**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit *mutualofomaha.com*.

ELIGIBILITY

CLASS DESCRIPTION(S) — **Class 1:** All Eligible Employees

ELIGIBILITY REQUIREMENT(S) — An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.

MINIMUM WORK HOURS — **Class 1:** 30 or more hours each week

INSURANCE TERMINATION DUE TO AGE — **Class 1:** Insurance for the employee/member and any dependents terminates when the employee/member reaches age 80.

CHILD ELIGIBILITY AGES — Child coverage begins at birth and terminates at age 26 unless the child is incapacitated. Please review each plan design for dependent child coverage.

BENEFITS

Benefits described in this proposal will only be payable if treatment for injury or sickness occurs on or after the insured person's coverage effective date and while the policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions, and other provisions of the certificate. This is 24-hour coverage (on and off-job). Maternity is included.

Hospital Admission & Confinement	Amount
Hospital Admission—*limited to a combined total of 2 admissions, with a claim separation of 30 days, per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.*	**Class 1**
Hospital Admission	$500 per admission
ICU Admission	$500 per admission
Hospital Confinement—*limited to a combined total of 30 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.*	**Class 1**
Daily Hospital Confinement	$100 per day
Daily ICU Confinement	$100 per day
Daily Newborn Nursery Care Confinement	$75 per day, up to 2 days per policy year
Additional Benefits	**Amount**
	Class 1
Express Benefit (equal to one daily hospital confinement benefit)	$100 per hospital admission

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

FEATURES

OPEN ENROLLMENT

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance.

ANNUAL OPEN ENROLLMENT

An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.

PORTABILITY

Included – Portability allows an employee/member and their eligible dependents to apply for Mutual of Omaha's group hospital indemnity portability policy when insurance ends under the policyholder's group policy. An employee/member electing to port coverage becomes responsible for premium payments. The employee/member and their eligible dependents must be insured under the policyholder's group policy for at least 6 months and be under the age of 70 to be eligible to apply for portability (unless otherwise stated in the policy). The portability policy will not terminate when the policyholder's master policy terminates.

CONTINUATION FOR TEMPORARY LAYOFF

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR TEMPORARY FURLOUGH

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary furlough. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR LEAVE OF ABSENCE

12 Weeks – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

CONTINUATION FOR FEDERAL AND STATE LAWS

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff, or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM

PARTICIPATION ASSUMPTIONS

Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
Greater of 10 enrolled employee/members or 7%	71	100% Employee/Member Paid

HOSPITAL INDEMNITY MONTHLY PREMIUM RATES

	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 1	$12.01	$26.42	$15.85	$31.70

PACKAGE PRICING

The rates and benefits for this coverage are not included in package pricing.

RATE GUARANTEE DATE

01/01/2025