VOLUNTARY ACCIDENT INSURANCE

Proposal for: Fort Madison Health Center Operations, LLC
Alternate: 8.00

The following Voluntary Accident plan is being proposed on a fully-insured basis effective **09/01/23**. 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 DEFINITION(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 terminates at age 80. If insurance for the employee/member terminates due to age, insurance for any dependents also terminates.

CHILD ELIGIBILITY AGES

Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

ACCIDENT INSURANCE

COVERAGE TIER

Class 1: The employee/member may elect one of the following coverage options:
- Employee/member only
- Employee/member and spouse
- Employee/member and dependent children
- Employee/member, spouse and dependent children

COVERAGE TYPE

Class 1: Non-occupational coverage (Off-job only)

EXPRESS BENEFIT

Class 1: $100

If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

ACCIDENT BENEFITS

INITIAL CARE & EMERGENCY BENEFITS

Most Initial Care/Emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

Benefit	Amount
Initial Care	**Class 1**
Emergency Room	$300
Urgent Care Center	$225
Initial Physician Office Visit	$100
Emergency Transportation	**Class 1**
Ground Ambulance	$300
Air Ambulance	$1,500

SPECIFIED INJURY BENEFITS

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.

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.

Additional limitations apply as described in the policy.

Fractures	Open Reduction	Closed Reduction
Bone/Bone Group	**Class 1**	
Skull, depressed (Cranial bones)	$9,000	$4,500
Skull, non-depressed (Cranial bones)	$4,500	$2,250
Bones of face (Except nose and lower jaw)	$1,800	$900
Nose (Nasal bones)	$1,350	$675
Lower jaw (Mandible)	$1,800	$900
Shoulder blade (Scapula)	$1,800	$900
Collarbone (Clavicle)	$1,350	$675
Breastbone (Sternum)	$1,800	$900
Rib	$1,350	$675
Upper arm (Humerus)	$1,800	$900
Forearm (Radius and/or ulna)	$1,800	$900
Wrist (Carpals)	$1,800	$900
Hand (Metacarpals, except fingers)	$1,800	$900
Fingers (Phalanges)	$400	$200
Vertebral body (Except vertebral processes)	$4,500	$2,250
Vertebral process	$1,800	$900
Tail bone (Coccyx)	$1,350	$675
Pelvis (Except tail bone and hip bones)	$4,500	$2,250
Hip bones (Illium, ischium and/or pubis)	$8,000	$4,000
Thigh (Femur)	$4,500	$2,250
Knee cap (Patella)	$1,800	$900
Lower leg (Tibia and/or fibia)	$4,500	$2,250
Ankle (Talus)	$1,800	$900
Foot (Metatarsals and calcaneus, except toes)	$1,800	$900
Toes (Phalanges)	$400	$200
Chip Fracture	25% of the closed reduction amount for the bone/bone group	

Dislocations	Open Reduction	Closed Reduction
Joint/Joint Group	**Class 1**	
Lower jaw (Temporomandibular)	$2,100	$1,050
Shoulder (Glenohumeral)	$2,100	$1,050
Collarbone and breastbone (Sternoclavicular)	$2,100	$1,050
Elbow	$2,100	$1,050
Wrist (Radiocarpal and/or intercarpal)	$2,100	$1,050
Hand (Carpometacarpal and/or intrametacarpal)	$2,100	$1,050
Fingers (Interphalangeal and/or metacarpophalangeal)	$500	$250
Hip	$10,000	$5,000
Kneecap (Patella)	$5,500	$2,750
Ankle (Talocalcaneal and/or talocalcaneonavicular	$3,600	$1,800
Foot (Tarsometatarsal and/or intermetatarsal)	$3,600	$1,800
Toes (Interphalangeal and/or metatarsalphalangeal)	$500	$250

Partial Dislocation	25% of the closed reduction amount for the joint/joint group
Other Injuries	**Amount**
Lacerations	**Class 1**
Less than 2 inches	$250
2 inches to 6 inches	$550
Greater than 6 inches	$900
No repair required	$125
Burns	**Class 1**
2nd degree <= 9% TBSA	$300
2nd degree 10 - 36% TBSA	$250
2nd degree > 36% TBSA	$2,000
3rd degree < 18% TBSA	$3,500
3rd degree 18 - 36% TBSA	$10,000
3rd degree > 36% TBSA	$20,000
Skin Graft (% of burn benefit)	50%
Note: "TBSA" is an acronym for "total body surface area."	
Dental Care	**Class 1**
Crown or Filling Repair	$300
Extraction	$125

HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

Initial hospital admission and confinement must begin within 90 days of an accident. ICU confinement must begin within 30 days of an accident. Surgical treatment timeframes vary by the type of surgery. Diagnostic services, except for X-Ray, must be received within 30 days of an accident. X-Ray services must be received within 90 days. Except for confinement benefits, most benefits are payable once per accident per insured person.

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount
Hospital	**Class 1**
Admission	$1,500
Daily Confinement (Up to 365 days per accident)	$300 per day
ICU Confinement (Up to 15 days per accident)	$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	$200 per day
Surgical	**Class 1**
Exploratory/Arthroscopic (365 days)	$600
Abdominal/Cranial/Thoracic (365 days)	$3,500
Herniated Disc (365 days)	$1,800
Torn Knee Cartilage (365 days)	$1,000
Ligament/Rotator Cuff/Tendon (365 days)	$1,000
Eye Procedure (90 days)	$400
Blood Products (90 days)	$450
Pain Management (90 days)	$350
Diagnostic	**Class 1**
X-Ray	$75
Diagnostic Exam	$300
Brain Injury Diagnosis	$300

FOLLOW-UP CARE BENEFITS

Follow-Up Care benefits require treatment or service within 365 days of an accident. The number of benefits varies by the type of follow-up care. The medical device benefit is payable once per accident per insured person.

Benefit	Amount

	Class 1
Physician Follow-Up Office Visit (Up to 6 per accident)	$150
Therapy Services (Up to 6 per accident)	$75
Medical Device	$300
Prosthetic Device(s) (Up to 2 per accident)	$1,250

ADDITIONAL BENEFITS Additional benefits are payable within 365 days of an accident. The number of benefits varies by type of additional benefit.

Benefit	Amount
	Class 1
Transportation (Up to 3 trips per accident)	$400 per trip
Lodging (Up to 30 nights per accident)	$200 per night
Childcare (Up to 30 days per accident)	$30 per day
Health Screening	$50

CATASTROPHIC BENEFITS

PRINCIPAL SUM AMOUNT The amount of catastrophic insurance is referred to as the principal sum.

Class 1: The principal sum for the employee/member and spouse reduces by 50% when the employee/member reaches the age of 70.

The benefit amounts shown below are a percentage of the principal sum for an insured person, unless otherwise stated. Catastrophic benefits are payable within 365 days of an accident and are payable once per accident per insured person. Additional limitations apply as described in the policy.

Benefit	Amount
Accidental Death	Class 1
Principal Sum ▪ Employee ▪ Spouse ▪ Child(ren)	 $50,000 $25,000 $10,000
Basic Accidental Death	100%
Common Carrier Accidental Death	300%
Transportation of Remains	Up to $5,000
Dismemberment & Paralysis	Class 1
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%
Loss of Speech and Loss of Hearing (Both ears)	100%
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of Multiple Fingers or Loss of Multiple Toes	10%
Quadriplegia (Paralysis of both upper and both lower limbs)	100%
Triplegia (Paralysis of three limbs)	75%
Hemiplegia (Paralysis of an upper and a lower limb)	50%
Paraplegia (Paralysis of both lower limbs)	50%
Uniplegia (Paralysis of a limb)	25%
Other Benefits	Class 1
Reasonable Modifications	Up to 10%
Coma	50%

ADDITIONAL BENEFITS AND 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 – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha's group accident portability policy.

CONTINUATION FOR TEMPORARY LAYOFF - CLASS 1

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 LEAVE OF ABSENCE - CLASS 1

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 and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM STRUCTURE

PARTICIPATION ASSUMPTIONS

Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
Greater of 5 enrolled employee/members or 7%	80	100% Employee/Member Paid

ACCIDENT MONTHLY PREMIUM RATES

	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 1	$8.46	$14.02	$18.94	$25.46

PACKAGE PRICING

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

RATE GUARANTEE DATE

01/01/2025