United of Omaha Life Insurance Company

A Mutual of Omaha Company

› Voluntary Accident Insurance

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

Don't let an accident catch you off guard.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Thrasher, Inc., you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as the result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.
PLAN INFORMATION	**INFORMATION / AMOUNT(S)**
Coverage Type	24-hour (On and off-job)
Express Benefit	$150
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS	AMOUNTS
Initial Care & Emergency Transportation[1] **–** Most treatment/service required within 72 hours of accident; Once per accident per insured person	
Emergency Room Treatment	$300
Urgent Care Treatment	$225
Initial Physician Office Visit	$150
Ambulance	Up to $2,500
Specified Injuries[1,2] **–** Amounts shown apply to you; Spouse receives 100% and child(ren) 100% of amount shown	
Fractures (Surgical / Non-surgical)	Up to $12,000/Up to $6,000
Dislocations (Surgical / Non-surgical)	Up to $12,000/Up to $6,000
Lacerations & Puncture Wound	Up to $900
Burns & Skin Graft	Up to $25,000
Emergency Dental Care	Up to $500
Hospital, Surgical, Diagnostic & Brain Injury[1 3]	
Hospital Admission	$2,000
Daily Confinement (Up to 365 days per accident)	$400 per day
Intensive Care Unit (ICU) Admission	$4,000
ICU Confinement (up to 30 days per accident)	$800 per day
Observation Unit	$350
Rehab. Facility Confinement (Up to 60 days per accident)	$300 per day
Surgical	Up to $3,500
Diagnostic	Up to $500
Brain Injuries	Up to $6,500
Follow-Up Care[1] **–** Most treatment/service required within 365 days of accident, unless noted otherwise	
Alternative Therapy	$75; Up to 6 per accident
Physician Follow-Up Office Visit	$150; Up to 6 per accident
Home Health Care	$150; Up to 6 per accident
Medical Device(s)	$350; Up to 2 per accident
Medical Supplies	$25; Once per accident within 90 days
Pain Management	$350; Up to 3 per accident within 180 days
Post-Traumatic Stress Disorder Treatment	$400; Treatment within 180 days, up to 2 per lifetime of Policy
Prescription Medication	$20; Once per accident within 90 days
Prosthetic Device(s)	$1,250; Up to 2 per accident
Therapy Services	$75; Up to 6 per accident
Additional Benefits[1] **–** Treatment timeframes vary by benefit	
Animal Bite	$200; Once per accident within 30 days
Gunshot Wound Benefit	$1,000; Once per accident within 72 hours
Telemedicine	$225; Up to 3 per accident within 90 days
Health Screening Benefit	$50; 1 per insured person with a family max of 6 per calendar year
Organized Sports Injury Booster	25%; Max of $1,000 per accident
Family Care[1] **–** Treatment/service required within 365 days of accident	
Transportation (Up to 3 trips per accident)	$450 per trip
Lodging (Up to 30 nights per accident)	$300 per night
Family Care (Up to 30 days per accident)	$40 per day
Non-Ambulance Public Transportation (Up to 2 trips per accident)	$30 per trip
Post Confinement Transportation (Once per calendar year)	$450
Pet Care (Up to 30 days per accident)	$40 per day
Accidental Death & Dismemberment Benefits[1] **–** Most benefits are payable within 365 days of accident	
Principal Sum (PS)	You: $110,000 Spouse: $55,000 Child(ren): $27,500
Common Carrier Accidental Death	300% of PS
Transportation of Remains	$5,000
Common Disaster Accidental Death	100% of PS

Natural Disaster Accidental Death	50% of PS
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	10% of PS
Child Education	5%
Airbag, Helmet and Seat Belt	5%
SERVICES	
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

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

[2]Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 400% of the amount payable for the injury with the highest applicable benefit amount.

[3]Daily confinement must begin with 365 days of accident and ICU confinement within 365 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 180 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

How Accident Insurance Works

(For Illustration Purposes Only)



Accident Coverage

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

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was $556. He's a pretty healthy kid, so a health insurance deductible of $1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

BENEFITS	AMOUNT
Ambulance	$200
ER Visit	$200
CT Scan	$200
X-ray	$50
Concussion	$200
Broken Collarbone	$450
Follow-Up Visit 1	$100
Follow-Up Visit 2	$100
Total Benefit	$1,500

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 **MONTHLY** amounts (12 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	$7.74 ($0.25 per day)
Employee/Member + Spouse	$13.78 ($0.45 per day)
Employee/Member + Child(ren)	$15.05 ($0.49 per day)
Employee/Member + Family	$21.09 ($0.69 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 when an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80, as detailed in the certificate. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are subject the following:

- Treatment that is received as the result of an Accident which occurs after the Policy Effective Date. 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.

All exclusions may not be applicable, or may be adjusted as required by state regulation. 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, 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 or state equivalent. 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. For a full list of exclusions and limitations, visit www.mutualofomaha.com/disclosure/accident.

This is a solicitation of insurance. A licensed agent/producer may contact you.