United of Omaha Life Insurance Company

A Mutual of Omaha Company

Voluntary Critical Illness Insurance

An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.



As an active employee of Thrasher, Inc., you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.

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. Child insurance is automatic. A separate premium is not required.	
Critical Illness Benefits	**Initial Benefit**	**Reoccurrence Benefit**
Autoimmune Disorders		
Addison's Disease	10% of the Principal Sum	None
Diabetes Type I	100% of the Principal Sum	None
Inflammatory Bowel Disease	25% of the Principal Sum	None
Systemic Lupus Erythematosus (SLE)	50% of the Principal Sum	None

Systemic Sclerosis (Scleroderma)	10% of the Principal Sum	None
Cancer & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	100% of the Initial Benefit amount
Bone Marrow/Stem Cell Recipient	25% of the Principal Sum	100% of the Initial Benefit amount
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	$500	$500, limited to 1 reoccurrence per Calendar Year and limited to a total of 5 reoccurrences while insured under the Policy
Childhood Conditions (These benefits are only available for children.)		
Autism Spectrum Disorder Level I Level II Level III	 50% of the Principal Sum 75% of the Principal Sum 100% of the Principal Sum	 None None None
Cerebral Palsy (CP)	100% of the Principal Sum	None
Congenital Heart Diseases or Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Congenital Metabolic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Genetic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Human Growth Hormone Deficiency	100% of the Principal Sum	None
Sickle Cell Disease	100% of the Principal Sum	None
Structural Congenital Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Vascular & Pulmonary Conditions		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Aneurysm	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
Neurological Movement Disorders		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Huntington's Disease	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Muscular Dystrophy	100% of the Principal Sum	None
Myasthenia Gravis	50% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
Neurological Brain & Skull Conditions		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		

Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
Infectious Conditions		
Infectious Diseases	25% of the Principal Sum	100% of the Initial Benefit amount
Occupational Diagnosis		
Occupational Human Immunodeficiency Virus (HIV)	100% of the Principal Sum	None
Occupational Hepatitis B, C, or D	100% of the Principal Sum	None
Functional Loss		
Coma	100% of the Principal Sum	100% of the Initial Benefit amount
Severe Burn	100% of the Principal Sum	100% of the Initial Benefit amount
Loss of Hearing	100% of the Principal Sum	None
Loss of Sight in Both Eyes	100% of the Principal Sum	None
Loss of Speech	100% of the Principal Sum	None
Paralysis	100% of the Principal Sum	None
Additional Benefits		**Benefit Amount**
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		$50

COVERAGE GUIDLINES[1]			
	Minimum	**Maximum**	**Guarantee Issue[2]**
For You Elect in $10,000 increments	$10,000	$20,000	$20,000
Spouse Elect in $10,000 increments	$10,000	100% of employee's Principal Sum, up to $20,000	$20,000
Child *benefit for each child	50% of employee's Principal Sum, up to $10,000		All child amounts are guaranteed.
POLICY PROVISIONS			
Policy Benefit Maximum	The maximum payout amount is 1000% of the critical illness 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.		
Initial Benefit	Critical Illness benefits are payable if an Insured Person is Diagnosed with a covered Critical Illness.		
Subsequent Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, benefits remain payable under the Policy for any other Critical Illness for that Insured Person after 90 days from the date diagnosed with the prior Critical Illness.		
Reoccurrence Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a Reoccurrence benefit is payable for a reoccurrence of the same diagnosis if the Insured Person is treatment free from the prior diagnosis for at least 90 days.		
Annual Open Enrollment	An open enrollment is available for a period of up to 90 days each policy year. During this time, you may elect critical illness insurance for the first time or request increased insurance up to the Guarantee Issue amount for yourself and any dependents without providing health information.		
Portability	When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.		
CONDITIONS &LIMITATIONS			
Benefit Waiting Period	There is no benefit waiting period.		

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.

Advocacy	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 customerserve@personifyhealth.com for assistance.

[1]The amount of insurance for your dependent children will be rounded to the next higher multiple of $1,000, if not already an even multiple of $1,000.

[2]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.

The premium rates for employees under this plan are contingent upon tobacco use. If you have used tobacco in any form (cigarettes, chewing tobacco, forms of nicotine replacement, etc.) during the last 12 months, you must refer to the tobacco premium table. If not, refer to the non-tobacco premium table.

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 (tobacco or non-tobacco). 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 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.

EMPLOYEE OR SPOUSE NON-TOBACCO - 12 PAYROLL DEDUCTIONS PER YEAR

Age	$10,000	$20,000
0 - 24	$2.10	$4.20
25 - 29	$2.30	$4.60
30 - 34	$2.90	$5.80
35 - 39	$3.90	$7.80
40 - 44	$5.60	$11.20
45 - 49	$8.40	$16.80
50 - 54	$12.00	$24.00
55 - 59	$17.00	$34.00
60 - 64	$24.00	$48.00
65 - 69	$33.30	$66.60
70+	$46.80	$93.60

EMPLOYEE OR SPOUSE TOBACCO - 12 PAYROLL DEDUCTIONS PER YEAR

Age	$10,000	$20,000
0 - 24	$2.20	$4.40
25 - 29	$2.50	$5.00
30 - 34	$3.30	$6.60
35 - 39	$4.80	$9.60
40 - 44	$7.80	$15.60
45 - 49	$13.10	$26.20
50 - 54	$20.00	$40.00
55 - 59	$31.40	$62.80
60 - 64	$47.20	$94.40
65 - 69	$69.10	$138.20
70+	$94.90	$189.80

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 $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE NON-TOBACCO - 12 PAYROLL DEDUCTIONS PER YEAR		
Age	**$10,000**	**$20,000**
0 - 24	$2.10	$4.20
25 - 29	$2.30	$4.60
30 - 34	$2.90	$5.80
35 - 39	$3.90	$7.80
40 - 44	$5.60	$11.20
45 - 49	$8.40	$16.80
50 - 54	$12.00	$24.00
55 - 59	$17.00	$34.00
60 - 64	$24.00	$48.00
65 - 69	$33.30	$66.60
70+	$46.80	$93.60

SPOUSE TOBACCO - 12 PAYROLL DEDUCTIONS PER YEAR		
Age	**$10,000**	**$20,000**
0 - 24	$2.20	$4.40
25 - 29	$2.50	$5.00
30 - 34	$3.30	$6.60
35 - 39	$4.80	$9.60
40 - 44	$7.80	$15.60
45 - 49	$13.10	$26.20
50 - 54	$20.00	$40.00
55 - 59	$31.40	$62.80
60 - 64	$47.20	$94.40
65 - 69	$69.10	$138.20
70+	$94.90	$189.80

Frequently Asked Questions

Who is eligible for this coverage?

- 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 subsequent benefit?

Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, benefits remain payable under the Policy for any other Critical Illness for the Insured Person, subject to any subsequent benefit separation period listed in the Policy Provisions section of this benefit summary.

What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable for a subsequent diagnosis of the same Critical Illness, as indicated in the Critical Illness Benefits table, subject to any reoccurrence benefit separation period listed in the Policy Provisions section of this benefit summary.

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:

- Treatment for injury or sickness must occur 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 of diagnosis of an injury or sickness, subject to the definitions, limitations, exclusions and other provisions of the policy.
- The exclusions and additional 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 regulations. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

Are prenatal diagnoses covered under the policy?

In the event of a prenatal diagnosis, the date of Diagnosis under the Policy will be the Dependent child's date of birth. Newborn dependent children born after the effective date are covered at the time of birth and those diagnoses made on the date of birth would be covered by the policy.

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, 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. For a full list of exclusions and limitations, visit www.mutualofomaha.com/disclosure/critical-illness.

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