VOLUNTARY CRITICAL ILLNESS INSURANCE

Proposal for: Fort Madison Health Center Operations, LLC
Alternate: 7.00

The following Voluntary Critical Illness 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.

For California residents, an employee/member and any dependent(s) must have major medical insurance, or basic hospital and basic medical insurance, to be eligible for critical illness insurance.

MINIMUM WORK HOURS

Class 1: 30 or more hours each week

AMOUNT(S) OF INSURANCE

CRITICAL ILLNESS (CI)

The CI insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	Minimum Amount	Maximum Amount	Increments	Guarantee Issue Amount*
Employee/Member	$5,000	$30,000	$5,000	$30,000
Spouse	$5,000	100% of employee/member benefit amount, up to $15,000**	$5,000	$15,000
All Children†	25% of employee/member benefit, up to $5,000**			$5,000

***Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded. The Guarantee Issue Amount for any employee/member or spouse age 70 and older is 50% of the amount shown above.

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

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

INSURANCE REDUCTION DUE TO AGE

Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70. The reduction is applied on the first day of the month that coincides with or follows the day the employee/member reaches the specified age. Reduced amounts of insurance round to the nearest dollar.

CRITICAL ILLNESS BENEFITS

BASIC BENEFITS

A lump-sum benefit is payable for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation.

The CI insurance amount is referred to as the CI Principal Sum in the table below. For some critical illnesses, 100% of the CI Principal Sum is payable, and for others, a partial benefit (a lesser percentage of the CI Principal Sum) is payable.

100% of the CI Principal Sum is payable for an insured person in each benefit category, subject to any policy benefit maximum. If a partial benefit is paid, the remainder of the CI Principal Sum will be available to an insured person if diagnosed with another critical illness in the same category.

BENEFIT CATEGORY/CRITICAL ILLNESS	BENEFIT
Heart/Circulatory/Motor Function Category	
Heart Attack (Myocardial Infarction)	100% of the CI Principal Sum
Heart Transplant/Placement on UNOS List	100% of the CI Principal Sum
Heart Valve Surgery	25% of the CI Principal Sum
Coronary Artery Bypass	25% of the CI Principal Sum
Aortic Surgery	25% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
ALS (Lou Gehrig's) Disease*	100% of the CI Principal Sum
Advanced Alzheimer's Disease*	100% of the CI Principal Sum
Advanced Parkinson's Disease*	100% of the CI Principal Sum
Organ Category	
Major Organ Transplant/Placement on UNOS List	100% of the CI Principal Sum
End-Stage Renal Failure	100% of the CI Principal Sum
Acute Respiratory Distress Syndrome (ARDS)	25% of the CI Principal Sum
Childhood/Developmental Category (These benefits are available to children only.)	
Cerebral Palsy*	100% of the CI Principal Sum
Structural Congenital Defects*	100% of the CI Principal Sum
Genetic Disorders*	100% of the CI Principal Sum
Congenital Metabolic Disorders*	100% of the CI Principal Sum
Type 1 Diabetes*	100% of the CI Principal Sum
Cancer Category	
Cancer (Invasive)	100% of the CI Principal Sum
Bone Marrow Transplant	50% of the CI Principal Sum
Carcinoma in Situ	25% of the CI Principal Sum
Benign Brain Tumor	25% of the CI Principal Sum

*A benefit for this critical illness is only payable once per insured person under the policy.

BENEFIT SEPARATION PERIOD

3 months – If an insured person who was diagnosed with a critical illness in one benefit category is subsequently diagnosed with a critical illness in a different benefit category, the dates of diagnosis must be separated by 3 months or more for subsequent benefits to be payable. There is no benefit separation period between critical illnesses diagnosed within the same benefit category.

ADDITIONAL CATEGORY OCCURRENCE BENEFIT

Included – This benefit allows an insured person to receive up to 200% of the CI Principal Sum in the Heart/Circulatory/Motor Function and Organ Categories, subject to any policy benefit maximum. An additional benefit is only payable if the date of diagnosis for an additional critical illness occurs at least 6 months after the date of diagnosis of a previous critical illness for the insured person in the same Benefit Category for which benefits were paid.

REOCCURRENCE BENEFIT

100% – Once benefits have been paid for a critical illness for an insured person, a reoccurrence benefit is payable one time for a subsequent diagnosis of that same critical illness. The amount of the reoccurrence benefit is the benefit shown in the table above for the reoccurring critical illness, subject to any policy benefit maximum.

A reoccurrence benefit for an insured person is only payable if the initial and subsequent dates of diagnosis for the same critical illness occur at least 12 months apart without treatment. Benefits for some critical illnesses are only payable once per insured person, as indicated in the table above.

HEALTH SCREENING BENEFIT

$50 – A health screening benefit of $50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person.

POLICY BENEFIT MAXIMUM

400% – The total amount of benefits payable for each insured person is subject to a benefit maximum of 400% of the CI Principal Sum in effect for the insured person. If the benefits paid for an insured person reach the benefit maximum, insurance for the insured person will terminate. Insurance for any other insured persons will remain in effect, subject to this maximum. If insurance terminates for the employee/member, any dependent(s) may remain insured provided the employee/member continues to satisfy the eligibility requirements.

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. 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.

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 critical illness portability policy.

ANNUAL INCREASE OPTION

Not Included

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 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 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 11%	73	100% Employee/Member Paid

*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

PREMIUM CONTRIBUTIONS - CLASS 1

The employee/member contributes 100% of the premium for the employee and any dependent insurance (if elected). Child insurance is automatic. A separate premium is not required.

CRITICAL ILLNESS PREMIUM RATES

Age Band	Employee/ Member* Monthly Rates per $1,000
<30	$0.44
30 - 39	$0.73
40 - 49	$1.47
50 - 59	$2.73
60 - 69	$5.31
70 - 79	$9.86
80 - 99	$14.20

*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an

employee/member reaches the starting age of the next age band.

†Child insurance is automatic. A separate premium is not required.

PACKAGE PRICING The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 2 are not selected by the group.

RATE GUARANTEE DATE 01/01/2025

CRITICAL ILLNESS UNDERWRITING GUIDELINES

BENEFIT AMOUNT GRANDFATHERING **Not Included** – Any amount of insurance in excess of any flat benefit amount or maximum benefit amount (as applicable) stated in this proposal for each Class is not available, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

GUARANTEE ISSUE This proposal includes a Guarantee Issue offer for critical illness insurance, contingent on attainment of the minimum participation requirement. The Guarantee Issue offer is available during any initial enrollment period, and thereafter for any new hires or as allowed by the policy.

If the minimum participation requirement is not attained, the Guarantee Issue offer may be reduced or rescinded, and Simplified Issue applications may be required from each employee/member requesting insurance.

GUARANTEE ISSUE AMOUNT GRANDFATHERING **Not Included** – Any amount `of insurance in excess of any Guarantee Issue Amount stated in this proposal for each Class requires evidence of insurability, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

SIMPLIFIED ISSUE A Simplified Issue application, consisting of several "Yes/No" health questions, will be used to underwrite critical illness insurance for late entrants and requests for insurance in excess of any Guarantee Issue Amount.

If an employee/member responds "Yes" to any question on the Simplified Issue application for the employee/member or any dependent, the requested amount of insurance may be reduced to the Guarantee Issue Amount, if available (knock-back). If Guarantee Issue is not available for the employee/member or any dependent, a "Yes" response to any question may result in a decline of coverage (knock-out). Based on the amount of critical illness insurance requested, Mutual of Omaha may further underwrite an application with a pharmacy scan and/or medical exam.

If Guarantee Issue is available, the Simplified Issue application questions can optionally be included with the enrollment form, to simplify the enrollment process and avoid the need to provide or obtain a separate application later in the implementation process. *If meeting the minimum participation requirement is a concern, this approach is strongly recommended*. The responses to the questions would be utilized to underwrite the enrollment up to the previous Guarantee Issue Amount(s) only if participation is not met. Any request for insurance in excess of any Guarantee Issue Amount would still be underwritten.