



> 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 Omaha Track, 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 through United of Omaha Life Insurance Company.

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 32 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		
Diabetes Type I	100% of the Principal Sum	None
Inflammatory Bowel Disease	25% of the Principal Sum	None
Cancer & Benign Tumor Diagnoses		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	None

Bone Marrow/Stem Cell Recipient	100% 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	\$1,000	\$1,000, 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.)		
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
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
Cardiac Valve Disease	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	25% 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
Multiple Sclerosis (MS)	100% 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
Family Planning Condition		
Complication of Pregnancy	25% of the Principal Sum	100% of the Initial Benefit amount
Additional Benefits		Benefit Amount
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$50

COVERAGE GUIDELINES¹

	Minimum	Maximum	Guarantee Issue ²
For You Elect in \$5,000 increments	\$5,000	\$50,000	\$50,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's Principal Sum, up to \$50,000	\$50,000
Child *benefit for each child	50% of employee's Principal Sum, up to \$5,000		All child amounts are guaranteed.

POLICY PROVISIONS

Policy Benefit Maximum	The maximum payout amount is 100% 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 the Insured Person.
Reoccurrence Benefit	Once an Initial Benefit has been paid for a Critical Illness for an Insured Person, a Reoccurrence benefit, for the same diagnosis, is payable unless otherwise specified in the Critical Illness Benefits Table.
Portability	When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.

CONDITIONS & LIMITATIONS

Age Reductions	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.
Benefit Waiting Period	There is no benefit waiting period.
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.

¹The 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.

²Subject to any reductions, 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.

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. Your benefit amount must be in an increment of \$5,000. 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 - 52 PAYROLL DEDUCTIONS PER YEAR

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
30 - 39	\$0.57	\$1.13	\$1.70	\$2.26	\$2.83	\$3.39	\$3.96	\$4.52	\$5.09	\$5.65
40 - 49	\$1.28	\$2.56	\$3.84	\$5.12	\$6.40	\$7.68	\$8.97	\$10.25	\$11.53	\$12.81
50 - 59	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15
60 - 69	\$6.03	\$12.07	\$18.10	\$24.14	\$30.17	\$36.21	\$42.24	\$48.28	\$54.31	\$60.35
70 - 79	\$11.27	\$22.55	\$33.82	\$45.09	\$56.37	\$67.64	\$78.91	\$90.18	\$101.46	\$112.73
80+	\$15.37	\$30.74	\$46.11	\$61.48	\$76.85	\$92.22	\$107.58	\$122.95	\$138.32	\$153.69

> Frequently Asked Questions

Who is eligible for this coverage?

- You must be actively working (performing all normal duties of your job) at least 32 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 benefits have been paid for a critical illness, no additional benefits are payable for that same critical illness for each insured person. Benefits are still payable under the Policy for any other Critical Illness, for each insured person.

What is the reoccurrence benefit?

Once benefits have been paid for a critical illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same critical illness, as indicated in the Critical Illness Benefits table.

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 outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Critical Illness insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 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 7000GM-U-EZ 2010.



HEALTH SCREENING BENEFIT

Accident Insurance Policy

You've already made the wise decision to purchase an Accident insurance policy. But did you know this coverage also includes a health screening benefit? Your Accident* policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.

Advantages of health screenings:

- Find diseases and conditions at an early stage to prevent a critical illness
- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available health screenings include:

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- EKG
- Double contrast barium enema (X-ray of the large intestines, colon and rectum)
- Fasting blood glucose test
- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

Benefits are paid once per calendar year per insured person for one of the listed screenings. A complete list of the benefit amount payable can be found in the contract.

*The health screening benefit may not be available in all states. Check with your local sales representative.



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Here's how to submit a claim.

1. Complete preventative health screening test
2. Submit claim form to submitgrpacc@mutualofomaha.com or fax to (402) 977-1898

Submit over the phone by calling 1-800-877-5176 and following the option steps below:

- a. Option 4 (questions about life, critical illness, accident or hospital indemnity policies)
- b. Option 2 (for accident)
- c. Option 1 (to start a new claim)



Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 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 7000GM-U-EZ 2010.

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. This insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges. IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Some exclusions, limitations and reductions may apply.