

Missoula County

Important Benefits Information

Enrollment Dates: May/1/2024 - May/31/2024



Enrollment Information for:

- Group Term Life
- Voluntary Life
- Voluntary Short Term Disability
- Long Term Disability
- Voluntary Critical Illness
- Voluntary Accident



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Each company is solely responsible for its own contractual and financial obligations. Products not available in all states. Some exclusions, limitations and reductions may apply.

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› Term Life Insurance



Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Missoula County, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
Life Insurance Benefit Amount	For You: \$20,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.

FEATURES

Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$15,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
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.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .
AGE REDUCTIONS	
Insurance benefits and guarantee issue amounts are subject to age reductions:	
<ul style="list-style-type: none"> - At age 70, amounts reduce to 65% - At age 75, amounts reduce to 50% 	
Please contact your employer if you have questions prior to enrolling.	



› Voluntary Term Life Insurance



Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

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As an active employee of Missoula County, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 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.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$150,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary

Spouse	\$5,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, up to \$500,000
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. 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.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
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FEATURES

Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$375,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

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.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

Spouse coverage terminates at age 80.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life 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 \$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 Life 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. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
30 - 34	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
35 - 39	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
40 - 44	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
45 - 49	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
50 - 54	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
55 - 59	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00	\$57.60	\$67.20	\$76.80	\$86.40	\$96.00
60 - 64	\$13.90	\$27.80	\$41.70	\$55.60	\$69.50	\$83.40	\$97.30	\$111.20	\$125.10	\$139.00
65 - 69	\$24.20	\$48.40	\$72.60	\$96.80	\$121.00	\$145.20	\$169.40	\$193.60	\$217.80	\$242.00
70 - 74	\$37.70	\$75.40	\$113.10	\$150.80	\$188.50	\$226.20	\$263.90	\$301.60	\$339.30	\$377.00
75+	\$97.80	\$195.60	\$293.40	\$391.20	\$489.00	\$586.80	\$684.60	\$782.40	\$880.20	\$978.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your spouse's age**, so find your spouse's 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 \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 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 - 24	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.59	\$2.96	\$3.33	\$3.70
25 - 29	\$0.39	\$0.78	\$1.17	\$1.56	\$1.95	\$2.34	\$2.73	\$3.12	\$3.51	\$3.90
30 - 34	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10
35 - 39	\$0.72	\$1.44	\$2.16	\$2.88	\$3.60	\$4.32	\$5.04	\$5.76	\$6.48	\$7.20
40 - 44	\$1.09	\$2.17	\$3.26	\$4.34	\$5.43	\$6.51	\$7.60	\$8.68	\$9.77	\$10.85
45 - 49	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
50 - 54	\$2.53	\$5.05	\$7.58	\$10.10	\$12.63	\$15.15	\$17.68	\$20.20	\$22.73	\$25.25
55 - 59	\$3.75	\$7.49	\$11.24	\$14.98	\$18.73	\$22.47	\$26.22	\$29.96	\$33.71	\$37.45
60 - 64	\$5.23	\$10.45	\$15.68	\$20.90	\$26.13	\$31.35	\$36.58	\$41.80	\$47.03	\$52.25
65 - 69	\$7.41	\$14.82	\$22.23	\$29.64	\$37.05	\$44.46	\$51.87	\$59.28	\$66.69	\$74.10
70 - 74	\$21.73	\$43.46	\$65.19	\$86.92	\$108.65	\$130.38	\$152.11	\$173.84	\$195.57	\$217.30
75 - 79	\$35.83	\$71.66	\$107.49	\$143.32	\$179.15	\$214.98	\$250.81	\$286.64	\$322.47	\$358.30

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.72	\$1.09	\$1.45	\$1.81	\$2.17	\$2.53	\$2.90	\$3.26	\$3.62	

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

> Voluntary Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Missoula County, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES ELECTING 11 WEEK DURATION

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$1,500

Minimum Weekly Benefit	\$25
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Voluntary Vocational Rehabilitation Benefit	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
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.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$2,500)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0324000</u>	<u>0.0324000</u>
Your Estimated Monthly Premium**	\$ _____	\$ <u>24.92</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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 have the right to port your coverage to a group trust plan, subject to certain conditions.

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. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income 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 G2018MP.



> Voluntary Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

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A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES ELECTING 24 WEEK DURATION

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 24 weeks
Maximum Weekly Benefit	\$1,500

Minimum Weekly Benefit	\$25
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Voluntary Vocational Rehabilitation Benefit	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
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.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your weekly earnings (Maximum is \$2,500)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0474000</u>	<u>0.0474000</u>
Your Estimated Monthly Premium**	\$ _____	\$ <u>36.46</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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 have the right to port your coverage to a group trust plan, subject to certain conditions.

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. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income 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 G2018MP.





› Long-Term Disability Insurance



Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

We've Got You Covered

As an active employee of Missoula County, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage. For late entrants, health application/evidence of insurability will be required.
Premium Payment	Your employer pays 100% of the premium for core coverage, and you pay 100% of the premium for buy-up coverage through easy payroll deduction. The premium amounts below reflect your contributions to the cost of the buy-up insurance.

BENEFITS

Elimination Period	<p>Under the core plan, your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.</p> <p>If you enroll for the buy-up plan, your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.</p>
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Monthly Benefit	<p>This long-term disability plan is a “core/buy-up” plan. “Core” benefits offer a basic level of income protection, and are paid for by your employer. You also have the option to enroll for “buy-up” benefits, which allow you to increase your level of income protection, through the convenience of affordable group rates and payroll deduction of premium.</p> <p>Under the core plan, your benefit is equivalent to 50% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>If you enroll for the buy-up plan, your total monthly benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>The premium for your long-term disability coverage is waived while you are receiving benefits.</p>
Maximum Monthly Benefit	<p>Under the core plan, your maximum monthly benefit is \$2,500.</p> <p>If you enroll for the buy-up plan, your maximum benefit increases to \$6,000.</p>
Minimum Monthly Benefit	\$100/10%
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for child care expenses for eligible dependent children are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Voluntary Vocational Rehabilitation Benefit	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
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.

BUY-UP LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for buy-up long-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION BUY-UP PLAN		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your monthly earnings (Maximum is \$10,000)	\$ _____	\$ 3,333.33
Multiply by the premium factor*	_____	0.0021000
Your Estimated Monthly Premium**	\$ _____	\$ 7.00

AGE	PREMIUM FACTOR
< 25	0.0014000
25 - 34	0.0021000
35 - 39	0.0017000
40 - 44	0.0021000
45 - 49	0.0035000
50 - 54	0.0062000
55 - 59	0.0099000
60 - 64	0.0154000
65 - 69	0.0169000
70+	0.0112000

*Your employer contributes 0 percent to the cost of this coverage. The information shown above is your cost only.

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› 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 Missoula County, 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 20 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.	
BENEFIT CATEGORY¹	CONDITION	% OF CI PRINCIPAL SUM
Heart/Circulatory	Heart Attack, Heart Transplant, Stroke	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%

Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%	
	Acute Respiratory Distress Syndrome (ARDS)	25%	
Childhood/Developmental <small>*benefits only available to children</small>	Cerebral Palsy, Type 1 Diabetes	100%	
Cancer	Cancer (Invasive)	100%	
	Bone Marrow Transplant	50%	
	Carcinoma in Situ, Benign Brain Tumor	25%	
COVERAGE GUIDELINES ²			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE ³
For You Elect in \$5,000 increments	\$5,000	\$15,000	\$15,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$15,000	\$15,000
Child(ren) <small>*benefit for each child</small>	25% of employee's CI Principal Sum, up to \$4,000		\$4,000
ADDITIONAL BENEFITS			
Policy Benefit Maximum	The maximum payout amount is 300% of the CI 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.		
Health Screening Benefit	Pays a flat, annual benefit of \$100 for a health screening test.		
Additional Occurrence 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 for any other Critical Illness in the same benefit category, for each insured person.		
Reoccurrence Benefit	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.		
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.		
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@healthcomp.com for assistance.		

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue 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.

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES (12 PAYROLL DEDUCTIONS PER YEAR)			
Age	\$5,000	\$10,000	\$15,000
0 - 29	\$1.50	\$3.00	\$4.50
30 - 39	\$2.80	\$5.60	\$8.40
40 - 49	\$6.25	\$12.50	\$18.75
50 - 59	\$12.40	\$24.80	\$37.20
60 - 69	\$25.20	\$50.40	\$75.60
70 - 79	\$46.20	\$92.40	\$138.60
80+	\$63.05	\$126.10	\$189.15

Child dependent coverage is offered at no additional cost.

SPOUSE PREMIUM RATES (12 PAYROLL DEDUCTIONS PER YEAR)			
Age	\$5,000	\$10,000	\$15,000
0 - 29	\$1.50	\$3.00	\$4.50
30 - 39	\$2.80	\$5.60	\$8.40
40 - 49	\$6.25	\$12.50	\$18.75
50 - 59	\$12.40	\$24.80	\$37.20
60 - 69	\$25.20	\$50.40	\$75.60
70 - 79	\$46.20	\$92.40	\$138.60
80+	\$63.05	\$126.10	\$189.15

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 20 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

Can I insure my domestic partner or civil union partner?

Any reference to “spouse” includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the country, city or local government in your jurisdiction of residence.

What is the additional occurrence 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 for any other Critical Illness in the same benefit category, 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, subject to certain conditions. The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.

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:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 6/12 which means any condition that you receive medical attention for in the 6 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered for insurance elected during the first enrollment period, during a subsequent enrollment period, or as a result of a life event, as stated or allowed in the Policy. For insurance elected more than 31 days after you become eligible under the policy or prior plan unless otherwise stated or allowed in the policy, the pre-existing condition under this plan is 6/18 which means any condition that you receive medical attention for in the 6 months prior to your effective date of coverage that results in a disability during the first 18 months of coverage, would not be covered.
- Benefits are not payable for any Critical Illness that:
 - Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from an act of declared or undeclared war or armed aggression
 - Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
 - Results from illegal activities, including participation in an illegal occupation

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. Availability of benefits 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.



- Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
- Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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. Availability of benefits 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

Critical Illness Insurance Policy



You've already made the wise decision to purchase a Critical Illness insurance policy. But did you know this coverage also includes a health screening benefit? Your Critical Illness* 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)
- Hemoccult 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.

Here's How to Submit a Claim

1. Complete preventative health screening test
2. Obtain proof of the test completed
3. Submit claim form and test result to submitgrpci@mutualofomaha.com or fax to (402) 977-1898
4. Submit over the phone by calling 1-800-877-5176 and following the option steps below:
 - a. Option 4 (questions about life, critical illness or accident policies)
 - b. Option 3 (for critical illness)
 - c. Option 1 (to start a new claim)

*The health screening benefit is not approved in CT or the District of Columbia (D.C.).



Underwritten by
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. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

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 Missoula County, 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 a 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 20 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	\$75
Annual Benefit Maximum (ABM)	Not Included
Portability	Included

BENEFITS		AMOUNTS
Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person		
Emergency Room		\$150
Urgent Care Center		\$100
Initial Physician Office Visit		\$75
Ambulance		Up to \$1,000
Specified Injuries^{1,2}		
Fractures (Surgical / Non-surgical)		Up to \$5,000/Up to \$2,500
Dislocations (Surgical / Non-surgical)		Up to \$6,000/Up to \$3,000
Lacerations		Up to \$600
Burns		Up to \$10,000
Dental		Up to \$200
Hospital, Surgical & Diagnostic^{1,3}		
Admission		\$1,000
Daily Confinement (Up to 365 days per accident)		\$200 per day
ICU Confinement (Up to 15 days per accident)		\$400 per day
Rehab. Facility Confinement (Up to 30 days per accident)		\$100 per day
Surgical		Up to \$1,500
Diagnostic		Up to \$200
Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person		
Physician Follow-Up Office Visit		\$75; Up to 2 per accident
Therapy Services		\$25; Up to 6 per accident
Medical Device		\$100
Prosthetic Device(s)		\$750; Up to 2 per accident
Additional Benefits¹ – Benefits are payable within 365 days of accident		
Transportation (Up to 3 trips per accident)		\$300 per trip
Lodging (Up to 30 nights per accident)		\$125 per night
Childcare (Up to 30 days per accident)		\$20 per day
Catastrophic Benefits^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person		
Principal Sum (PS)		You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
Common Carrier Accidental Death		300% of PS
Transportation of Remains		Up to \$5,000
Dismemberment & Paralysis		Up to 100% of PS
Reasonable Modifications		Up to 10% of PS
Coma		50% of PS
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.	

¹Additional limitations apply as described in the certificate.

²Fractures 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 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin within 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 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.

⁴The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

> 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	\$150
CT Scan	\$200
X-ray	\$50
Concussion	\$150
Broken Collarbone	\$300
Follow-Up Visit 1	\$75
Follow-Up Visit 2	\$75
Total Benefit	\$1,200

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	\$12.85 (\$0.42 per day)
Employee/Member + Spouse	\$18.66 (\$0.61 per day)
Employee/Member + Child(ren)	\$23.19 (\$0.76 per day)
Employee/Member + Family	\$30.68 (\$1.01 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.

> Voluntary Hospital Indemnity Insurance



When you're hospitalized, expenses can add up quickly.

Hospital stays can be stressful and having to worry about the high costs of hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. 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 Missoula County, you have hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.



Coverage guidelines and benefits are outlined below.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. 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 20 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 child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS		AMOUNTS
Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.		
Hospital Admission		\$1,000 per admission
Daily Hospital Confinement		\$100 per day
ICU Admission		\$2,000 per admission
Daily ICU Confinement		\$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)		\$75 per day
Family Care Benefits		
Family Care (Up to 15 days per policy year)		\$25
Pet Care (Up to 15 days per policy year)		\$25
Additional Benefits		
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$100
Express Benefits (1 benefit per hospital admission)		\$100
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.	

VOLUNTARY HOSPITAL INDEMNITY 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.

COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$20.24 (\$0.67 per day)
Employee/Member + Spouse	\$45.74 (\$1.50 per day)
Employee/Member + Child(ren)	\$29.35 (\$0.96 per day)
Employee/Member + Family	\$58.70 (\$1.93 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.

The Need for Disability Income Insurance

Missoula County



Your ability to earn an income may be your most important asset. To most people it is obvious to insure their home, automobile or health. However, many do not recognize the need to insure their income.

At the end of 2020, 8.2 million disabled wage earners were receiving Social Security Disability Insurance (SSDI) benefits.¹

Is it enough? The average SSDI monthly benefit payment for an individual is \$794. The average SSDI monthly benefit payment for a couple is \$1,191.¹

Top Five LTD Claims Diagnoses²

% of New and Existing Claims 2021

Claim Diagnosis Category
Musculoskeletal
Cancer
Pregnancy
Mental Health
Injuries

¹ Social Security Administration, 2021 Monthly Payment Amounts

² Disability Can Happen, 2021

How Much Do I Need?

A lengthy disability can be devastating, and is more common than you might think. It can result in a loss of income, independence and financial security. Consider how long your savings would pay for:

- ☒ Mortgage or rent
- ☒ Credit card payments
- ☒ Health care expenses
- ☒ Groceries
- ☒ Utilities
- ☒ Car payments
- ☒ Child care

Why United of Omaha Life Insurance Company?

We consistently earn high ratings from leading independent rating agencies. The company holds an A+ (Superior)** rating from A.M. Best Company. The Superior rating is the second highest of 16 ratings and reflects the organization's ability to meet the financial obligations of its policyholders into the future.

**As of 1/21. Ratings refer only to the overall financial status of the company, and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.



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United of Omaha Life Insurance Company
A Mutual of Omaha Company

The Need for Life Insurance

Mutual of Omaha



Life insurance is a simple answer to a very difficult question: how will my loved ones manage financially when I die? It's a subject no one really wants to think about. But if someone depends on you financially, it's one question you cannot avoid.

Protection for Every Stage of Your Life

Whether you're single, married, have children or are close to retirement, having life insurance can help pay benefits to your loved ones after you die. This could help replace your income and allow the financial plans you put in place to continue uninterrupted.

How Much is Enough?

The toughest part about buying life insurance is determining how much you need. Use the calculator to the right to determine how much you need.

Why United of Omaha Life Insurance Company?

We consistently earn high ratings from leading independent rating agencies. The company holds an A+ (Superior)* rating from A.M. Best Company. The Superior rating is the second highest of 16 ratings and reflects the organization's ability to meet the financial obligations of its policyholders.

*As of 01/21



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Income Replacement & Assets

Annual income your loved ones need now and in the future (Current income multiplied by number years needed – for example:

\$50k x 5 years = \$250,000) \$ _____

Subtotal (income) = \$ _____

Final Expenses & Other Debt

Funeral Expenses \$ _____

(\$15,000 is a reasonable estimate)

Mortgage \$ _____

Credit Card and other debt \$ _____

(Balance, car loans, etc...)

Subtotal (debt) = \$ _____

Educational Funds

College costs per person \$ _____

(4 years at Private \$118,000/

Public \$48,000 institution)

Subtotal (education) = \$ _____

Total Life Insurance Needed

Income + Debt + Education \$ _____

Total need for life insurance = \$ _____

Ratings refer only to the overall financial status of the company, and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

Life insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010. United of Omaha is licensed nationwide, except in New York. Some exclusions, limitation and reductions may apply. Please contact United of Omaha Life Insurance Company for specific product details and policy provisions.

We Make Evidence of Insurability Easy.



Evidence of Insurability is simply a statement that proves a person is healthy enough to insure. This application process allows you to provide information about you and/or your dependents' health history in order to be considered for coverage.

Evidence of Insurability (EOI) Is Required When:

- You request a coverage amount greater than the guaranteed issue (an amount that is guaranteed to be issued to applicants regardless of their health status)
- Coverage is requested outside of your initial benefit enrollment period

To aid us in making a decision of whether to cover the person and/or their dependents, the EOI review may include:

- Questions or details about health conditions provided on the application
- Statement from your physician
- Medical examination

Our medical exams, which include a blood draw and urine sample, must be conducted by our highly reputable mobile medical contractor, American Para Professional Systems (APPS), and can be done in the comfort of your own home or business and are scheduled at your convenience.

All medical information is private and confidential, and is used for underwriting purposes only.

How to Submit an Electronic Application (eApp)

1. Contact your Benefits Administrator to discuss your specific request.
2. After your Benefits Administrator prepares your eApp, you will receive an email that contains a PIN and a link to the EOI form (the PIN is good for 14 days).
3. Click on the link and enter your unique PIN to gain access to a pre-populated application.
4. Simply complete the required fields and submit the form. The form is delivered directly to Mutual of Omaha's EOI underwriting system.
5. Once your application is submitted, you will receive an email regarding next steps.



Underwritten by
United of Omaha Life Insurance Company
Companion Life Insurance Company
Mutual of Omaha Affiliates

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