

Plan Summary - Voluntary AD&D

Class(es) 01

Type of AD&D Program:	Voluntary; optional; 100% Employee Paid via payroll deduction.
AD&D/Principal Sum Amounts	Minimum \$10,000 to \$300,000 in increments of \$10,000. Amounts subject to 5 times annual salary.
	Optional family plan coverage for Spouse/Children (to age 26; incapacitated of any age). Spouse: Minimum \$5,000 to \$300,000 in increments of \$5,000. Child(ren): Age 15 days to 6 months: \$1,000. Over age 6 months to age 26: Minimum \$1,000 to \$10,000 in increments of \$1,000.
	NOTE: Spouse and/or All Children coverage cannot be purchased on a "standalone" basis, i.e., Employee Participation is also required.
AD&D Benefits	Included for all Insured Persons. Principal Sum payable (largest, if more than one) within 12 months of covered accident: Life, 2 or more members (i.e., hand, foot, sight of eye), Speech and Hearing, 100%; One member, Speech or Hearing, 50%; Thumb & index finger, same hand, 25%.
Plegia Benefits	Included for all Insured Persons. Hemi/Para/Quadriplegia (beginning within 60 days of covered accident, continuing for one year) pays 50%, 75%, and 100% of Principal Sum, respectively. Only largest Principal Sum paid if other AD&D benefits also payable.
Accident Coma Benefit	Included for all Insured Persons. When covered injuries result in treatment by a legally qualified physician beginning within 7 days of injury, this benefit pays 1% of the applicable PS monthly after 31 days for up to 11 months if insured person lapses into an irreversible coma from a covered injury. The insured person must seek treatment within 7 days of the accident. Remainder of any PS paid upon death.
Seat Belt Benefit	Included for all Insured Persons. Pays the lesser of 10% of applicable Principal Sum or \$10,000 for loss of life in covered auto accident while wearing seat belt.
Air Bag Benefit	Included for all Insured persons. Pays 5% of Insured's PS to \$5,000 maximum for loss of life in covered auto accident, if, at the time of the accident, an Air Bag restraint system was in place and operable.
Child Education Benefit	Included only if Children also covered. Pays 5% of Insured's Principal Sum \$5,000 maximum for each dependent child in 12 th grade or college for up to 4 years of college if Insured dies from covered accident.
Spouse Education Benefit	Included only if Spouse also covered. Pays for actual expenses up to \$5,000 maximum for up to 54 months for Spouse to enroll/complete licensed college/training program if Employee dies from covered accident.
Common Carrier Benefit	Pays 25% of EE's applicable PS (with no maximum) if covered loss results while a passenger on any common carrier public transportation.
Day Care Benefit	Included only if Children also covered. Pays 5% of Insured's Principal Sum \$5,000 maximum for each dependent child enrolled in day care facility at time of loss if Insured dies from accident.
Enhanced Children's Dismemberment/Plegia Benefit	Included on Family Plans only. Non-loss-of life plegia and dismemberment benefits increased to 2 times Child's applicable PS.

Plan Summary - Voluntary AD&D continued

Class(es) 01

Extension of Coverage	Included only if Spouse/Children covered. If Employee dies from covered accident, coverage continues for eligible dependents without premium payment for up to 12 months or until the spouse remarries, plan terminates, or children cease to be eligible due to age or remarriage, whichever 1 st occurs.
Coverage	24-hour, worldwide, on-and-off-the-job accident protection. No geographical restrictions.
Effective Date of Coverage	Based off the Policyholder's eligibility stated on the New Coverage Verification Guide.
Termination Date of Coverage	1 st of following dates: when Insured Person ceases to be eligible, date any premium is due and unpaid, or date Policy terminates.
Principal Sum Reductions	Applicable Principal Sum reduces to 65% of original amount at age 65-69, and to 50% at age 70 & over.
Exposure & Disappearance	Accidental exposure to elements covered as though it were an injury. Loss of life presumed after 12 months following disappearance of insured as a result of sinking, wrecking or disappearance of conveyance he/she was riding.
Exclusions	Suicide; self-inflicted injury; war; service in the armed forces; piloting of any kind; passenger travel in any aircraft (a) owned/leased by any operating unit of policyholder, or (b) not having a valid airworthiness certificate; or injuries received while intoxicated or using unauthorized controlled substances.
Aggregate Limit of Indemnity	None.
Key Administrative Features	Program to be fully self-administered. Mutual of Omaha to develop & furnish enrollment forms, booklets for Policyholder distribution. Policyholder to fully solicit all eligible Employees, maintain enrollment / deduction records and provide monthly reports to Mutual of Omaha within 30 days of close of reporting month showing Employee and family participants by number, election category, Principal Sum volume, and applicable premium. Claims processed by Mutual of Omaha, in Omaha, Nebraska. Premium reporting and claim notification guidelines, appropriate forms to be furnished upon issuance of coverage. Experience reports also furnished annually by Mutual of Omaha or as mutually agreed.
Mutual of Omaha's Recent Financial Ratings	<ul style="list-style-type: none"> • A M Best (Superior – A+) • Standard & Poor's (Strong – AA-) • Moody's (Good – A1)

Rate Summary - Voluntary AD&D

Class Description

Class 01: All active full-time (30+hours per week) employees of the Policyholder domiciled in the United States and their eligible dependents. Employee means a citizen or permanent resident of the United States, or a person who is authorized to work in the United States pursuant to the Immigration and Nationality Act and related rules and regulations.

NOTE: No eligible person may be covered more than once under this plan. If they are covered as an employee they cannot also be covered as a dependent of another employee.

Fully-Insured Rates

We are proposing a fully-insured program for:

- Voluntary AD&D

Voluntary AD&D

Unit	Monthly Rate (Per \$1,000)
Employee	\$.020
Spouse	\$.020
Child(ren)	\$.020

Mutual of Omaha reserves the right to change rates/fees under certain conditions. See the complete proposal for details.