

## GROUP VOLUNTARY ACCIDENT INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Accident insurance is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a covered accident, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This insurance does not satisfy the individual mandate of the ACA because the coverage does not meet the requirements of minimum essential coverage.

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare*, available from Mutual of Omaha or online at [www.medicare.gov](http://www.medicare.gov).

**NOTICE:** Read this outline of coverage carefully. It may not be identical to the outline of coverage provided at the time you enrolled/applied for insurance, and the insurance you originally enrolled/applied for may not have been issued.

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This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on December 1, 2021.

### POLICY INFORMATION

Policyholder: Western Nevada Supply  
Policy Effective Date: January 1, 2020  
Policy Number: GUDH-BN3G  
Class(es): All Eligible Employees

Policy Anniversary: January 1  
Group Number: G000BN3G

### ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

### WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that coincides with or follows the day the Employee becomes eligible or the Employee submits a Written Request to enroll for insurance, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

## ACCIDENT INSURANCE – FULL PLAN 1M (NV-CC-CAT-NABM)

Accident insurance offers financial protection for You and Your insured Dependent(s) by paying a benefit if You or an insured Dependent are Injured in an Accident. The benefit amount(s) payable is/are based on the type and amount of insurance in effect on the date the Accident occurs. All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

You may elect insurance for Yourself and Your Dependent(s) under the Certificate for one of the following coverage options:

- Yourself only
- You and Your Spouse
- You and Your Dependent child(ren)
- You, Your Spouse and Your Dependent child(ren)

This summary represents the accident insurance available under Full Plan 1M (NV-CC-CAT-NABM), as selected by the Policyholder. Insurance is available for Accidents that occur while You or Your insured Dependent(s) are not working for any employer. This is known as “non-occupational coverage” or “off-job only coverage” (the coverage type).

If You have questions regarding who is insured for accident insurance, the plan type or the coverage type, You may contact the Policyholder.

### Express Benefit

If You or an insured Dependent are Injured as the result of an Accident, We will pay a benefit amount of \$100 upon notification of the Accident. This benefit is payable once per Accident for each Insured Person that is Injured as a result of the Accident.

### Basic Benefits

The basic benefits payable under this Certificate are organized into the following categories:

| Category                        | Benefit Amount                                |
|---------------------------------|---|
| Initial Care & Emergency        | Up to \$1,500                                 |
| Specified Injuries              | Up to \$15,000                                |
| Hospital, Surgical & Diagnostic | Up to \$600 per day and \$1,500 for admission |
| Follow-Up Care                  | Up to \$750                                   |

Within each category, benefits are payable up to the amount shown, depending on the type of Injury sustained or the type of medical Treatment that is received as the result of an Accident.

### Additional Benefits

In addition to Basic Benefits, family care benefits (benefits for transportation, Lodging and/or Childcare) and a health screening benefit are available under the Certificate.

## CATASTROPHIC INSURANCE – FULL PLAN 1M (NV-CC-CAT-NABM)

In addition to Basic Benefits, benefits for catastrophic losses and Injuries are available under this Certificate. Catastrophic insurance pays a benefit if You or an insured Dependent are in an Accident and experience a serious loss or Injury, such as death or dismemberment. The benefit amount payable is based on the amount of insurance that is in effect for You or an insured Dependent on the date the Accident occurs, subject to the definitions, limitations, exclusions and other provisions of the Policy.

Provided You have elected accident insurance, Your amount of catastrophic insurance is \$25,000.

Provided You have elected accident insurance for Your Spouse, Your Spouse's amount of catastrophic insurance is \$10,000.

Provided You have elected accident insurance for Your Dependent child(ren), the amount of catastrophic insurance for Your Dependent child(ren) is \$5,000.

The amount of catastrophic insurance is also referred to as the Principal Sum. The Principal Sum for You or Your Spouse reduces by 50% when You reach the Attained Age of 70. If You have questions regarding the amount of catastrophic insurance for You or Your Dependent(s), You may contact the Policyholder.

## GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY

All amounts of insurance under the Policy are guarantee issue. Evidence of insurability (proof of good health) is not required for any amount of insurance under the Policy.

## ACCIDENT BENEFITS

All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

## INITIAL CARE & EMERGENCY BENEFITS

If more than one form of Initial Care is received by an Insured Person for the same Accident, We will only pay the highest applicable benefit for the Insured Person. We will reduce the amount payable for Initial Care by the amount paid for the Express Benefit for an Accident for an Insured Person. Additional limitations apply as described in the Certificate.

| Benefit                         | Amount  | Treatment Timeframe | Frequency                            |
|---------------------------------|---------|---------------------|--------------------------------------|
| <b>Initial Care</b>             |         |                     |                                      |
| Emergency Room                  | \$200   | 72 hours            | Once per Accident per Insured Person |
| Urgent Care Center              | \$125   | 72 hours            | Once per Accident per Insured Person |
| Initial Physician Office Visit  | \$100   | 30 days             | Once per Accident per Insured Person |
| <b>Emergency Transportation</b> |         |                     |                                      |
| Ground Ambulance                | \$300   | 72 hours            | Once per Accident per Insured Person |
| Air Ambulance                   | \$1,500 | 72 hours            | Once per Accident per Insured Person |

## SPECIFIED INJURY BENEFITS

If an Insured Person sustains both a Fracture and Dislocation (or multiple Fractures and Dislocations) as the result of the same Accident, the maximum amount payable for all Fractures and Dislocations under the Policy is up to 200% of the amount payable for the Fracture or Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount.

### Fractures (Broken Bones)

We will pay the applicable benefit amount shown in the Fracture Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Fracture sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Fracture is diagnosed as a Chip Fracture, We will pay 25% of the amount listed in the table for the Closed Reduction for the bone/bone group involved.

The maximum amount payable for all Fractures sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Fracture with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

**Fracture Benefits Table**

| Bone/Bone Group (From Head to Toe)            | Open Reduction Amount | Closed Reduction Amount |
|---|-----------------------|-------------------------|
| Skull, depressed (Cranial bones)              | \$6,000               | \$3,000                 |
| Skull, non-depressed (Cranial bones)          | \$3,000               | \$1,500                 |
| Bones of face (Except nose and lower jaw)     | \$1,200               | \$600                   |
| Nose (Nasal bones)                            | \$900                 | \$450                   |
| Lower jaw (Mandible)                          | \$1,200               | \$600                   |
| Shoulder blade (Scapula)                      | \$1,200               | \$600                   |
| Collarbone (Clavicle)                         | \$900                 | \$450                   |
| Breastbone (Sternum)                          | \$1,200               | \$600                   |
| Rib   | \$900                 | \$450                   |
| Upper arm (Humerus)                           | \$1,200               | \$600                   |
| Forearm (Radius and/or ulna)                  | \$1,200               | \$600                   |
| Wrist (Carpals)                               | \$1,200               | \$600                   |
| Hand (Metacarpals, except fingers)            | \$1,200               | \$600                   |
| Fingers (Phalanges)                           | \$400                 | \$200                   |
| Vertebral body (Except vertebral processes)   | \$3,000               | \$1,500                 |
| Vertebral process                             | \$1,200               | \$600                   |
| Tail bone (Coccyx)                            | \$900                 | \$450                   |
| Pelvis (Except tail bone and hip bones)       | \$3,000               | \$1,500                 |
| Hip bones (Ilium, ischium and/or pubis)       | \$6,000               | \$3,000                 |
| Thigh (Femur)                                 | \$3,000               | \$1,500                 |
| Knee cap (Patella)                            | \$1,200               | \$600                   |
| Lower leg (Tibia and/or fibia)                | \$3,000               | \$1,500                 |
| Ankle (Talus)                                 | \$1,200               | \$600                   |
| Foot (Metatarsals and calcaneus, except toes) | \$1,200               | \$600                   |
| Toes (Phalanges)                              | \$400                 | \$200                   |

## Dislocations (Separated Joints)

We will pay the applicable benefit amount shown in the Dislocation Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Dislocation sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Dislocation is diagnosed as an Incomplete Dislocation, or if Treatment of a Dislocation occurs by a Physician or Medical Professional without the use of Anesthesia, We will pay 25% of the amount listed in the table for the Closed Reduction for the joint/joint group involved.

The maximum amount payable for all Dislocations sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

**Dislocation Benefits Table**

| Joint/Joint Group (From Head to Toe)                 | Open Reduction Amount | Closed Reduction Amount |
|--|-----------------------|-------------------------|
| Lower jaw (Temporomandibular)                        | \$1,800               | \$900                   |
| Shoulder (Glenohumeral)                              | \$1,800               | \$900                   |
| Collarbone and breastbone (Sternoclavicular)         | \$1,800               | \$900                   |
| Elbow  | \$1,800               | \$900                   |
| Wrist (Radiocarpal and/or intercarpal)               | \$1,800               | \$900                   |
| Hand (Carpometacarpal and/or intrametacarpal)        | \$1,800               | \$900                   |
| Fingers (Interphalangeal and/or metacarpophalangeal) | \$450                 | \$225                   |
| Hip  | \$9,000               | \$4,500                 |
| Kneecap (Patella)                                    | \$4,500               | \$2,250                 |
| Ankle (Talocalcaneal and/or talocalcaneonavicular)   | \$2,700               | \$1,350                 |
| Foot (Tarsometatarsal and/or intermetatarsal)        | \$2,700               | \$1,350                 |
| Toes (Interphalangeal and/or metatarsalphalangeal)   | \$450                 | \$225                   |

## Other Injuries

Lacerations and Burns require Treatment within 72 hours of an Accident. The Laceration benefit is based on the total length of all Lacerations that require repair, and is payable once per Accident per Insured Person. The Burn benefit is based on the severity of the most severe burn, and is payable once per Accident per Insured Person. Additional limitations apply as described below and in the Certificate.

| Benefit   | Amount   | Treatment Timeframe | Frequency                            |
|---|----------|---------------------|--------------------------------------|
| <b>Lacerations</b>  |          |                     |                                      |
| Less than 2 inches  | \$100    | See above           | See above                            |
| 2 inches to 6 inches                                      | \$450    | See above           | See above                            |
| Greater than 6 inches                                     | \$800    | See above           | See above                            |
| No repair required  | \$50     | See above           | See above                            |
| <b>Burns</b>  |          |                     |                                      |
| 2nd degree <= 9% TBSA                                     | \$250    | See above           | See above                            |
| 2nd degree 10 - 36% TBSA                                  | \$500    | See above           | See above                            |
| 2nd degree > 36% TBSA                                     | \$1,500  | See above           | See above                            |
| 3rd degree < 18% TBSA                                     | \$2,000  | See above           | See above                            |
| 3rd degree 18 - 36% TBSA                                  | \$7,500  | See above           | See above                            |
| 3rd degree > 36% TBSA                                     | \$15,000 | See above           | See above                            |
| Skin Graft (% of burn benefit)                            | 25%      | 72 hours            | Once per Accident per Insured Person |
| Note: "TBSA" is an acronym for "total body surface area." |          |                     |                                      |
| <b>Dental Care</b>  |          |                     |                                      |
| Crown or Filling Repair                                   | \$300    | 30 days             | Once per Accident per Insured Person |
| Extraction  | \$100    | 30 days             | Once per Accident per Insured Person |

## HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

| Benefit           | Amount  | Treatment Timeframe   | Frequency                            |
|-------------------|---------|-----------------------|--------------------------------------|
| <b>Hospital</b>   |         |                       |                                      |
| Admission         | \$1,500 | Begins within 90 days | Once per Accident per Insured Person |
| Daily Confinement | \$300   | Begins within 90 days | Per day up to 365 days               |
| ICU Confinement   | \$600   | Begins within 30 days | Per day up to 15 days                |

|                              |         |                        |  |
|------------------------------|---------|------------------------|--|
| Rehab. Facility Confinement  | \$150   | Begins within 365 days | Per day up to 30 days                        |
| <b>Surgical</b>              |         |                        |  |
| Exploratory/Arthroscopic     | \$200   | 365 days               | Once per Accident per Insured Person         |
| Abdominal/Cranial/Thoracic   | \$2,000 | 365 days               | Once per Accident per Insured Person         |
| Herniated Disc               | \$900   | 365 days               | Once per Accident per Insured Person         |
| Torn Knee Cartilage          | \$750   | 365 days               | Once per Accident per Insured Person         |
| Ligament/Rotator Cuff/Tendon | \$750   | 365 days               | Once per Accident per Insured Person         |
| Eye Procedure                | \$400   | 90 days                | Once per eye per Accident per Insured Person |
| Blood Products               | \$450   | 90 days                | Once per Accident per Insured Person         |
| Pain Management              | \$150   | 90 days                | Once per Accident per Insured Person         |
| <b>Diagnostic</b>            |         |                        |  |
| X-Ray                        | \$75    | 90 days                | Once per Accident per Insured person         |
| Diagnostic Exam              | \$300   | 90 days                | Once per Accident per Insured person         |
| Brain Injury Diagnosis       | \$200   | 30 days                | Once per Accident per Insured person         |

## FOLLOW-UP CARE BENEFITS

Additional limitations apply as described in the Certificate.

| Benefit                          | Amount | Treatment Timeframe | Frequency                                     |
|----------------------------------|--------|---------------------|---|
| Physician Follow-Up Office Visit | \$75   | 365 days            | Up to 6 times per Accident per Insured Person |
| Therapy Services                 | \$25   | 365 days            | Up to 6 times per Accident per Insured Person |
| Medical Device                   | \$100  | 365 days            | Once per Accident per Insured Person          |
| Prosthetic Device(s)             | \$750  | 365 days            | Up to 2 times per Accident per Insured Person |

## ADDITIONAL BENEFITS

Additional limitations apply as described in the Certificate.

| Benefit                 | Amount | Treatment Timeframe | Frequency                                 |
|-------------------------|--------|---------------------|---|
| Transportation per trip | \$300  | 365 days            | Up to 3 per Accident per Insured Person   |
| Lodging per night       | \$125  | 365 days            | Up to 30 per Accident per Insured Person  |
| Childcare per day       | \$20   | 365 days            | Up to 30 per Accident per Dependent Child |
| Health Screening        | \$50   | N/A                 | Once per Calendar Year per Insured Person |

## CATASTROPHIC BENEFITS

The benefit amounts shown below are a percentage of the Principal Sum for an Insured Person, unless otherwise stated. The treatment timeframe for all catastrophic benefits is 365 days. For all Dismemberment & Paralysis benefits, up to 100% of the Principal Sum is payable per Accident per Insured Person. We will reduce the amount payable for any death benefit by the amount paid for any other catastrophic benefit for an Insured Person, unless otherwise stated in the Certificate. Additional limitations apply as described below and in the Certificate.

| Benefit  | Amount        | Frequency               |
|--|---------------|-------------------------|
| <b>Accidental Death</b>  |               |                         |
| Basic Accidental Death   | 100%          | Once per Insured Person |
| Common Carrier Accidental Death  | 300%          | Once per Insured Person |
| Transportation of Remains  | Up to \$5,000 | Once per Insured Person |
| <b>Dismemberment &amp; Paralysis</b>   |               |                         |
| Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses | 100%          | See above               |
| Loss of Speech and Loss of Hearing (Both ears)   | 100%          | See above               |
| Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)                         | 50%           | See above               |
| Loss of Thumb and Index Finger of the Same Hand  | 25%           | See above               |
| Loss of Multiple Fingers or Loss of Multiple Toes  | 10%           | See above               |
| Quadriplegia (Paralysis of both upper and both lower limbs)  | 100%          | See above               |
| Triplegia (Paralysis of three limbs)   | 75%           | See above               |
| Hemiplegia (Paralysis of an upper and a lower limb)  | 50%           | See above               |
| Paraplegia (Paralysis of both lower limbs)   | 50%           | See above               |
| Uniplegia (Paralysis of a limb)  | 25%           | See above               |

| <b>Other Benefits</b>    |           |                                      |
|--------------------------|-----------|--------------------------------------|
| Reasonable Modifications | Up to 10% | Once per Accident per Insured Person |
| Coma                     | 50%       | Once per Accident per Insured Person |

## EXCLUSIONS

We will not pay any benefits under the Policy for any loss or claim which does not result from an Accident or occurs more than 365 days after an Accident. We will also not pay any benefits under the Policy for an Accident that:

- Occurs in the course of any occupation or employment for an Insured Person with any employer for wage or profit, or for which the Insured Person is entitled to benefits under any workers' compensation or occupational disease law or receives any settlement from a workers' compensation carrier
- Results from any bodily infirmity, Sickness, or medical or surgical Treatment thereof
- Results from cosmetic surgery or procedures
- Results, whether an Insured Person is sane or insane, from an intentionally self-inflicted Injury or Sickness, or suicide or attempted suicide
- Results from an Insured Person's intentional or voluntary use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption, including self-infliction of carbon monoxide poisoning emanating from a motor vehicle
- Results from an Insured Person's voluntary participation in a riot, commission of a felony, participation in illegal activities or participation in an illegal occupation
- Occurs while an Insured Person is incarcerated or imprisoned
- Results from an act of declared or undeclared war or armed aggression
- Occurs while an Insured Person is operating, learning to operate, riding as a passenger, boarding, departing or jumping from any aircraft (including those that are not motor driven, such as a hot air balloon), unless riding as a fare-paying passenger in a commercial aircraft on a regularly-scheduled flight or while Traveling on Business of the Policyholder
- Occurs while an Insured Person is riding in or on any motor vehicle or aircraft engaged in racing, endurance tests, off-road activities (for motor vehicles), acrobatic tricks or stunts (for motor vehicles), or acrobatic or stunt flying (for aircraft)
- Occurs while an Insured Person is practicing for, participating in or officiating any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received by the Insured Person
- Occurs while an Insured Person is engaged in skydiving, scuba diving, parachuting, hang gliding, bungee jumping, sail gliding, parasailing, parakiting, mountain climbing, base jumping, rock climbing or other similar high risk activities or extreme sports
- Occurs while an 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

## FEATURE(S)

### Continuation of Insurance for Layoff or Leave

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, subject to certain conditions.

### Portability

In the event Your insurance under the Policy ends, You have the right to continue insurance for You and Your Dependent(s), subject to certain conditions.

## WHEN INSURANCE ENDS

Insurance for an Insured Person will end on the last day of the month in which an Insured Person no longer satisfies the applicable eligibility conditions of the Policy, or end on the last day of the month in which You reach the Attained Age of 80. Additional circumstances under which insurance will end are described in the Certificate.

## PREMIUMS

The premium rate structure for accident insurance under the Policy is comprised of a monthly rate for each coverage option shown in the Schedule that applies to You and Your Dependent(s).

You are responsible for the payment of premiums for insurance under the Policy. The premium owed by You equals the total premium for all Insured Person(s).

Premiums will be automatically deducted from Your paychecks by the Policyholder, then remitted to Us, as authorized by You during the enrollment process. Please contact the Policyholder for information regarding Your paycheck deductions.

Payment of premium does not guarantee eligibility for insurance. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

| Coverage Tier                | Monthly Premium Rate            |
|------------------------------|---------------------------------|
| Employee/Member              | <b>\$16.56</b> (\$0.54 per day) |
| Employee/Member + Spouse     | <b>\$25.29</b> (\$0.83 per day) |
| Employee/Member + Child(ren) | <b>\$34.19</b> (\$1.12 per day) |
| Employee/Member + Family     | <b>\$46.08</b> (\$1.51 per day) |

### Premium Changes

Premium amounts will change if premium rates under the Policy are changed.

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

### HOW TO OBTAIN A COPY OF THE CERTIFICATE

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).

