



Voluntary Critical Illness Insurance

FOR EMPLOYEES OF ROCKDALE COUNTY PUBLIC SCHOOLS

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 CATEGORY ¹	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, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
Cancer	Cancer (Invasive)	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%

COVERAGE GUIDELINES²

	MINIMUM	GUARANTEE ISSUE ³	MAXIMUM
For You Elect in \$5,000 increments	\$5,000	\$10,000	\$50,000
Spouse Elect in \$5,000 increments	\$5,000	\$10,000	100% of employee's Principal CI Sum, up to \$50,000
Child(ren) <small>*benefit for each child</small>	N/A	\$5,000	25% of employee's Principal CI Sum, up to \$5,000

ADDITIONAL BENEFITS

Policy Benefit Maximum	The maximum payout amount is 200% 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 \$50 for a health screening test.
Portability	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.

CONDITIONS & LIMITATIONS

Coverage Termination Due to Age	Coverage for you and your spouse terminates at age 70.
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.com to learn more.
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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 careadvocates@gilsbar.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.

³Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Voluntary Critical Illness Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

The premium rates for employees under this plan are contingent upon tobacco use. If you have used tobacco in any form (cigarettes, chewing tobacco, forms of nicotine replacement, etc.) during the last 12 months, you must refer to the tobacco premium table. If not, refer to the non-tobacco premium table.

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 (tobacco or non-tobacco). 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 FOR NON-TOBACCO USERS
(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 - 29	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
30 - 39	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
40 - 49	\$7.15	\$14.30	\$21.45	\$28.60	\$35.75	\$42.90	\$50.05	\$57.20	\$64.35	\$71.50
50 - 59	\$12.30	\$24.60	\$36.90	\$49.20	\$61.50	\$73.80	\$86.10	\$98.40	\$110.70	\$123.00
60 - 69	\$22.50	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00	\$157.50	\$180.00	\$202.50	\$225.00
70 - 79	\$42.10	\$84.20	\$126.30	\$168.40	\$210.50	\$252.60	\$294.70	\$336.80	\$378.90	\$421.00
80+	\$60.75	\$121.50	\$182.25	\$243.00	\$303.75	\$364.50	\$425.25	\$486.00	\$546.75	\$607.50

**VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES FOR TOBACCO USERS
(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 - 29	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
30 - 39	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10	\$30.45	\$34.80	\$39.15	\$43.50
40 - 49	\$9.65	\$19.30	\$28.95	\$38.60	\$48.25	\$57.90	\$67.55	\$77.20	\$86.85	\$96.50
50 - 59	\$20.65	\$41.30	\$61.95	\$82.60	\$103.25	\$123.90	\$144.55	\$165.20	\$185.85	\$206.50
60 - 69	\$45.00	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00
70 - 79	\$78.00	\$156.00	\$234.00	\$312.00	\$390.00	\$468.00	\$546.00	\$624.00	\$702.00	\$780.00
80+	\$100.65	\$201.30	\$301.95	\$402.60	\$503.25	\$603.90	\$704.55	\$805.20	\$905.85	\$1,006.50

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your 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 RATES FOR NON-TOBACCO USERS (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 - 29	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
30 - 39	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
40 - 49	\$7.15	\$14.30	\$21.45	\$28.60	\$35.75	\$42.90	\$50.05	\$57.20	\$64.35	\$71.50
50 - 59	\$12.30	\$24.60	\$36.90	\$49.20	\$61.50	\$73.80	\$86.10	\$98.40	\$110.70	\$123.00
60 - 69	\$22.50	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00	\$157.50	\$180.00	\$202.50	\$225.00
70 - 79	\$42.10	\$84.20	\$126.30	\$168.40	\$210.50	\$252.60	\$294.70	\$336.80	\$378.90	\$421.00
80+	\$60.75	\$121.50	\$182.25	\$243.00	\$303.75	\$364.50	\$425.25	\$486.00	\$546.75	\$607.50

SPOUSE PREMIUM RATES FOR TOBACCO USERS (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 - 29	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
30 - 39	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10	\$30.45	\$34.80	\$39.15	\$43.50
40 - 49	\$9.65	\$19.30	\$28.95	\$38.60	\$48.25	\$57.90	\$67.55	\$77.20	\$86.85	\$96.50
50 - 59	\$20.65	\$41.30	\$61.95	\$82.60	\$103.25	\$123.90	\$144.55	\$165.20	\$185.85	\$206.50
60 - 69	\$45.00	\$90.00	\$135.00	\$180.00	\$225.00	\$270.00	\$315.00	\$360.00	\$405.00	\$450.00
70 - 79	\$78.00	\$156.00	\$234.00	\$312.00	\$390.00	\$468.00	\$546.00	\$624.00	\$702.00	\$780.00
80+	\$100.65	\$201.30	\$301.95	\$402.60	\$503.25	\$603.90	\$704.55	\$805.20	\$905.85	\$1,006.50

> 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 and be under age 70
- 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

When does this insurance end?

Coverage for you and your spouse terminates at age 70.

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 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any Critical Illness that:
 - 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
 - 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 summary, 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 is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010.



