

Harrison County

Employee Benefits Guide
January 1, 2023 – December 31, 2023



Harrison County
Presented by



The Nitsche Group
www.TheNitscheGroup.com
1.800.258.8302

Table of Contents

| | <u>Carrier</u> | |
|--|------------------------------|----------------|
| 1. Eligibility | | Page 3 |
| 2. How to Enroll In Your Benefits/ Employee Navigator Guide | | Page 4 |
| 3. Retirement | | |
| • TCDRS | TCDRS | Page 6 |
| • 457(b) Plan | Equitable | Page 8 |
| 4. Medical | Imagine 360 (GPA) | |
| • Medical Plan Overview | | Page 9 |
| • Medical Summary of Benefits | | Page 10 |
| • Telehealth | UCM Digital Health | Page 16 |
| 5. Flexible Spending Accounts (F.S.A.) | Health Equity | Page 17 |
| 6. Employer Paid Life | Mutual of Omaha | Page 20 |
| 7. Hospital Indemnity | Assurity | Page 22 |
| 8. Dental | Mutual of Omaha | Page 26 |
| 9. Vision | Mutual of Omaha | Page 30 |
| 10. Voluntary Life | Mutual of Omaha | Page 35 |
| 11. Short-Term Disability | Assurity | Page 40 |
| 12. Employer Paid Long Term Disability | Mutual of Omaha | Page 45 |
| 13. Accident | Assurity | Page 48 |
| 14. Critical Illness | Assurity | Page 55 |
| 15. Employee Assistance Program | Mutual of Omaha | Page 61 |
| 16. Sick Leave Pool | Harrison County | Page 63 |
| 17. Contacts | | Page 67 |

Eligibility

Employee Eligibility

Full-time employees who work a minimum of 30 hours per week and are at least 18 years of age are eligible to participate in the benefits program. Your benefits begin on the 90th day. Once your enrollment is completed, you will not be able to make changes to your benefits unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

Qualifying Life Event

If you experience a qualifying life event (for instance: getting married or having a baby) please contact Human Resources to change your benefits. You must notify and provide proof of the event to your Plan Administrator (HR) within 30 days of the qualifying event.

CHANGES CANNOT BE MADE AFTER 30 DAYS HAVE LAPSED.

What is a Qualifying Life Event?

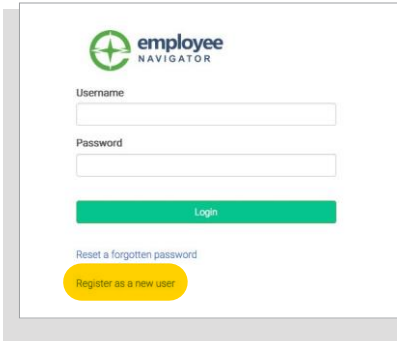
- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age);
- A change in employee's, spouse's, or dependent's work hours;
- A termination or commencement of employment of employee, spouse or eligible dependent with coverage;
- Other events as the Plan Administrator (HR) determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

Eligible Dependents

Dependents considered eligible for benefits:

- Your legal spouse
- Your child(ren) up to age 26 (includes stepchildren, legally adopted children and children placed with you for adoption and foster children)

How to Enroll in Your Benefits Employee Navigator



Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

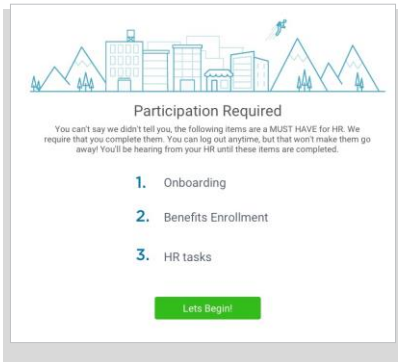
First Name:

Last Name:

Company Identifier: **Harrison County**

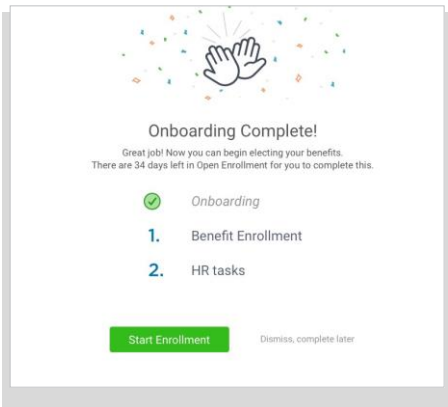
PIN: **Last 4 digits of your SSN**

Birth Date: **mm/dd/yyyy**



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

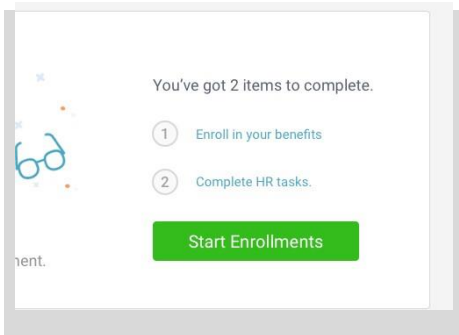


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 08/01/18 for an employee. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' shows a table with columns for Plan Cost (\$138.46), Employer Contribution (\$138.46), and My Cost (\$0.00). A 'View employer contributions summary' button is present. At the bottom right, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It features a progress bar for 'Progress 6 of 8'. A yellow warning box indicates 'Enrollment Not Complete!'. Below this, a list of steps is shown: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary. The 'Enrolled Plans' section shows 'Medical' with a 'Collapse' button and 'Key Care HSA PPO2017 404E2435 Long Plan Name'.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It says 'You've only got one more item to complete.' and lists '1. HR Tasks' with a 'Start Tasks' button and a 'Dismiss, complete later' link.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

WATCH YOUR MONEY GROW!

Register for online account access to watch your retirement savings grow. Whether you're just starting your career or nearing retirement, as a registered user, you can:

- ★ **Estimate your retirement benefit**
- ★ **View your account balance**
- ★ **Apply for benefits online**
- ★ **Update your beneficiary and contact information**
- ★ **Upload forms and documents**

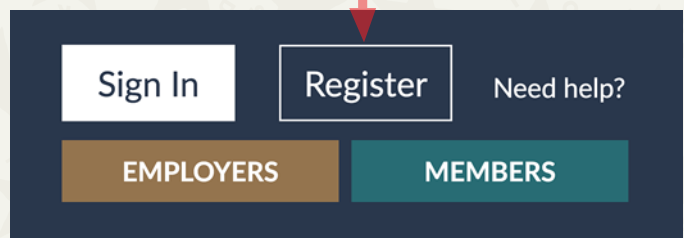
Registering online is fast and easy!

1. Go to www.TCDRS.org and click "Register".

2. Have your account number ready and follow the screen prompts.

3. Enter or confirm your primary phone number on file to set up two-factor authentication. This extra layer of security helps keep your information safe.

4. If you have any questions or need help finding your TCDRS account number, please call TCDRS Member Services at 800-823-7782.



REGISTER TODAY AT WWW.TCDRS.ORG



Your TCDRS account information at your fingertips!

Switch between multiple TCDRS accounts from your Account Summary page.

Manage your email, address, phone number, user ID and password, and set your communication preferences.

View a clear snapshot of your Account Summary.

Hover over the bars in the graph to see your deposits, interest and total balance.

View and update your beneficiary information.

Upload forms and documents directly to TCDRS.

Apply for retirement from your Account Summary page.

Estimate your possible future monthly retirement benefit under different payment options. Easily compare options on one screen.

Toggle between bar and table views.

The screenshot displays the TCDRS account dashboard for John Doe, a member since 2001. The interface includes a 'Select Employer' dropdown menu currently set to 'Bluebonnet County - Active'. The 'Account Summary' section shows an account balance of \$68,165.16, a service time of 25 years and 6 months, and an eligibility to retire as of May 2019. The 'Plan for Retirement' section offers options to 'Estimate benefit' and 'Apply for retirement'. The 'Account Growth' section features a bar chart showing deposits and interest from November 2018 to April 2019, with values ranging from \$65,640.46 to \$68,165.16. The 'Beneficiary Summary' section lists Jane Doe as the primary beneficiary, spouse. The 'Forms & Documents' section shows document uploads for Account Statements from 2017 and 2018, and the Account Summary. The 'Contact Us' section provides a phone number (800-823-7782) and a 'Send us a message' button. A video player titled 'Am I Ready to Retire?' is also visible.

| Month | Deposits | Interest | Total Balance |
|----------|-------------|----------|---------------|
| Nov 2018 | \$65,640.46 | | \$65,640.46 |
| Dec 2018 | \$66,145.40 | | \$66,145.40 |
| Jan 2019 | \$66,650.34 | | \$66,650.34 |
| Feb 2019 | \$67,155.29 | | \$67,155.29 |
| Mar 2019 | \$67,660.22 | | \$67,660.22 |
| Apr 2019 | \$68,165.16 | | \$68,165.16 |



Equitable 457(b)

Deferred Compensation Plan

A 457(b) plan, which is like a 401(k) for public service employees, is an additional source of retirement savings to supplement your pension. Specifically designed for those who work in state or local government, a 457(b) plan has the flexibility to adjust as your needs change and can help you turn your salary into a more comfortable retirement. Equitable currently serves Harrison County, the City of Marshall, TX as well as 15 Sheriff's offices and 18 fire & EMS departments throughout Louisiana as well as Caddo & Bossier Schools and 11 Louisiana municipalities. Equitable utilizes Primerica/PFS Investments as a strategic partner to provide financial professionals for each plan. Equitable is a leader in retirement plans for local and state government employers and maintains: over \$350 billion in assets under management with over 2.8 million client households in the U.S. - serving over 21,000 municipalities, sheriff's, fire departments, schools and hospitals. Equitable was founded in 1859 and has provided quality products and services for nearly 160 years. Equitable has an A+ rating for financial strength rating by Standard & Poor's.

How can a 457(b)/Deferred Comp plan help you save?

Every dollar counts. You can start saving whatever amount works for you. You have the flexibility to start or stop, increase or decrease your contributions at any time; up to the federal maximum of \$20,500 under age 50 & \$27,000 over age 50 for 2022.

You can pay yourself first. Because your savings are deducted right from your paycheck, that can make it easier to save.

It's flexible. You select the investments you're most comfortable with and change them when you want.

Nathan Bach
Regional Vice-President
Registered Principal
Primerica
Phone: 903.472.0041

Wes Roan
Regional Vice-President
Investment Adviser Representative
Primerica Advisors
Phone: 318.564.6074

For more information about the 457b plan contact me to schedule an appointment.

Reaching New Heights Together




Equitable is a Strategic Partner with Primerica & PFS Investments. Nathan Bach is a Registered Principal and Wesley Roan is a Registered Principal Investment Adviser Representative with PFS Investments, Inc. member of FINRA, Home office: 1 Primerica Parkway Duluth GA 30099. Primerica and PFS Investments are affiliated companies. Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., Equitable Distributors, LLC. including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ.

Medical Plan Overview

Rates: Semi-Monthly (24 Pay)

| | |
|-----------------------|----------|
| Employee | \$30.00 |
| Employee + Spouse | \$235.00 |
| Employee + Child(ren) | \$235.00 |
| Family | \$235.00 |

| | Level I PPO Provider | Level II PPO Provider | Level II PPO Non-Provider |
|---|---|---|--|
| Deductible | | | |
| Individual | \$1,250 | \$1,250 | \$3,000 |
| Family | \$3,750 | \$3,750 | \$6,000 |
| Out-of-Pocket Maximum | | | |
| Individual | \$6,350 | \$6,350 | Unlimited-No Max |
| Family | \$12,700 | \$12,700 | Unlimited-No Max |
| Primary Care Visit | N/A | \$30 copay | 50% coinsurance (deductible applies) |
| Specialist Visit | N/A | \$30 copay | 50% coinsurance (deductible applies) |
| Preventative Care Visit | No Charge | No Charge | 50% coinsurance (deductible applies) |
| Diagnostic Test (x-ray, blood work) | \$250 copay/day (deductible waived) | 30% coinsurance (deductible applies) | 50% coinsurance (deductible applies) |
| Imaging (CT/PET scans, MRIs) | \$500 copay maximum | 30% coinsurance (deductible applies) | 50% coinsurance (deductible applies) |
| Urgent Care | 30% coinsurance (deductible applies) | 30% coinsurance (deductible applies) | 50% coinsurance (deductible applies) |
| Emergency Room | \$250 copay (deductible waived) | 30% coinsurance (deductible applies) | 30% coinsurance (PPO deductible applies) |
| Hospitalization Facility Fee | \$500 copay/admit (deductible waived) (\$1,000 copay maximum) | N/A Underwriting notification required. | N/A Non-PPO charges are subject to UCR fees. |
| Prescriptions | Retail Copay: \$10 / Mail Order Copay: \$0 Preferred Brand Retail Copay: \$35 / Mail Order Copay: \$70 Non-Preferred Brand Retail Copay: \$50 / Mail Order Copay: \$100 Specialty \$85 Copay | | |

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call Imagine360 at 1-800-827-7223. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 903-923-4018 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| What is the overall deductible? | \$1,250 person/\$3,750 family Level I & Level II PPO \$3,000 person/\$6,000 family Level II Non-PPO | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. |
| Are there services covered before you meet your deductible? | Yes. Copayments , prescriptions & PPO preventive services do not apply towards the deductible . | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | \$6,350 person/\$12,700 family Level I & Level II PPO unlimited person & family Level II Non-PPO | The out-of-pocket limit is the most you could pay in a year for covered services. |
| What is not included in the out-of-pocket limit? | Premiums; balance-billed charges; charges in excess of UCR (Usual, Customary & Reasonable) ; any noncompliance penalties; and health care this plan doesn't cover | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Will you pay less if you use a network provider? | Yes , for Level II Providers . See page 2 for an explanation of Level I & Level II Providers . Visit www.multiplan.com or call 1-888-611-7427 for a list of participating PHCS physicians . | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | You can see the specialist you choose without a referral . |



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.
 Level I [Providers](#) include but are not limited to: Hospitals (Inpatient and Outpatient treatment); Inpatient Facilities (such as Rehabilitation Facilities, Skilled Nursing Facilities and [Hospice](#)); Inpatient and Outpatient Facilities of Mental Disorders, Chemical Dependency, Drug and Substance Abuse; Ambulatory Surgery Centers and Dialysis Clinics
 Level II [Providers](#) are [Physicians](#) and all other [Providers](#) of service not defined as a Level I [Provider](#).

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|--|---|---|--|---|
| | | Level I Provider | Level II PPO Provider | Level II Non-PPO Provider | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | N/A | \$30 copay /visit; 0% coinsurance ; deductible waived | 50% coinsurance ; deductible applies | \$30 copay (0% coinsurance ; deductible waived) applies to Retail Limited Services Clinics. Deductible & 30% coinsurance applies to allergy serum/testing, office surgery, lab/x-ray, diagnostic tests & injections. There is no charge for PPO female office sterilization & all PPO FDA female approved contraceptive methods. Non-PPO charges are subject to UCR fees. See your plan document for additional benefit information & limitations. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for. |
| | Specialist visit | N/A | \$30 copay /visit; 0% coinsurance ; deductible waived | 50% coinsurance ; deductible applies | |
| | Preventive care/screening/immunization | No Charge | No Charge | 50% coinsurance ; deductible applies | |
| If you have a test | Diagnostic test (x-ray, blood work) | \$250 copay /day 0% coinsurance ; deductible waived (\$500 copay maximum) | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | There is no charge for MRIs, CTs & PET Scans billed by KIS Imaging. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Imaging (CT/PET scans, MRIs) | | | | |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scrtips.com | Generic drugs | Copays : Retail \$10/Mail Order \$0 | | | Covers a 30-day supply for Retail/90-day supply for Mail Order. Specialty rx limited to two 30-day supplies total per calendar year. Generic drugs are mandatory unless prescription states Brand drug must be dispensed. See your plan document for information about drugs that require prior authorization and drugs that are excluded. |
| | Preferred brand drugs | Copays : Retail \$35/Mail Order \$70 | | | |
| | Non-preferred brand drugs | Copays : Retail \$50/Mail Order \$100 | | | |
| | Specialty drugs | \$85 copay | | | |

[* For more information about limitations and exceptions, see the plan or policy document at www.imagine360.com.]

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|--|--|--|---|---|---|
| | | Level I Provider | Level II PPO Provider | Level II Non-PPO Provider | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | \$250 copay /visit 0% coinsurance ; deductible waived (\$500 copay maximum) | N/A | N/A | Contact UR for coordination of care. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Physician/surgeon fees | N/A | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | |
| If you need immediate medical attention | Emergency room care | \$250 copay /visit 0% coinsurance ; deductible waived | 30% coinsurance ; deductible applies | 30% coinsurance ; PPO deductible applies | Non-PPO subject to PPO Out-of-Pocket . UR notification required if admitted or 50% benefit reduction non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Emergency medical transportation | \$250 copay /visit 0% coinsurance ; deductible waived | 30% coinsurance ; deductible applies | 30% coinsurance ; PPO deductible applies | Non-PPO subject to PPO Out-of-Pocket . Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Urgent care | 30% coinsurance ; deductible applies | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| If you have a hospital stay | Facility fee (e.g., hospital room) | \$500 copay /admit 0% coinsurance ; deductible waived (\$1,000 copay maximum) | N/A | N/A | UR notification required or 50% benefit reduction non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Physician/surgeon fees | N/A | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Level I Provider | Level II PPO Provider | Level II Non-PPO Provider | |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | \$250 copay /visit 0% coinsurance ; deductible waived (\$500 copay maximum) | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | See 'If you visit a health care provider's office or clinic' for the office visit benefit. UR notification required or 50% benefit reduction non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Inpatient services | \$500 copay /admit 0% coinsurance ; deductible waived (\$1,000 copay maximum) | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | |
| If you are pregnant | Office visits | N/A | 30% coinsurance ; deductible applies | 50% coinsurance ; deductible applies | Office visit copayment applies to the initial visit only. Contact UR for coordination of prenatal care. UR notification required or 50% benefit reduction non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Childbirth/delivery professional services | | | | |
| | Childbirth/delivery facility services | \$500 copay /admit 0% coinsurance ; deductible waived (\$1,000 copay maximum) | N/A | N/A | |
| If you need help recovering or have other special health needs | Home health care | Inpatient: \$500 copay /admit 0% coinsurance ; deductible waived (\$1,000 copay maximum) Outpatient: \$250 copay /visit 0% coinsurance ; deductible waived (\$500 copay maximum) | Inpatient: 30% coinsurance ; deductible applies Outpatient: 30% coinsurance ; deductible applies | Inpatient: 50% coinsurance ; deductible applies Outpatient: 50% coinsurance ; deductible applies | Services limited per calendar year to 120 visits for Home Health & 120 days for Skilled Nursing Facilities. Treatment of developmental delays may not be covered. See your plan document for additional information. Contact UR for coordination of care for Home Health & Outpatient Hospice. UR notification required or 50% benefit reduction non-compliance penalty applies. Level I charges based on Allowable Claims Limits. Non-PPO charges are subject to UCR fees. |
| | Rehabilitation services | | | | |
| | Habilitation services | | | | |
| | Skilled nursing care | | | | |
| | Durable medical equipment | | | | |
| | Hospice services | | | | |
| If your child needs dental or eye care | Children's eye exam | No Charge | No Charge | 50% coinsurance ; deductible applies | Routine Vision & Hearing Screening covered for children. Non-PPO charges are subject to UCR fees. |
| | Children's glasses | Not Covered | | | Not Covered |
| | Children's dental check-up | Not Covered | | | Not Covered |

[* For more information about limitations and exceptions, see the plan or policy document at www.imagine360.com.]

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine eye care (Adult)
- Routine foot care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 800-827-7223 or the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? **Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Español: Para obtener asistencia en Español, llame al 800-827-7223

Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-827-7223.

中文: 如果需要中文的帮助, 请拨打这个号码 800-827-7223.

Dine: Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-827-7223.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

| | |
|---|--------|
| ■ The plan's overall deductible | \$1250 |
| ■ Specialist copayment | \$30 |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other coinsurance | 30% |

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$12,700 |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$1,250 |
| Copayments | \$540 |
| Coinsurance | \$500 |
| What isn't covered | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$2,350 |

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

| | |
|---|--------|
| ■ The plan's overall deductible | \$1250 |
| ■ Specialist copayment | \$30 |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other coinsurance | 30% |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,600 |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$1,130 |
| Copayments | \$620 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$20 |
| The total Joe would pay is | \$1,770 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

| | |
|---|--------|
| ■ The plan's overall deductible | \$1250 |
| ■ Specialist copayment | \$30 |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other coinsurance | 30% |

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,800 |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$1,250 |
| Copayments | \$310 |
| Coinsurance | \$250 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,810 |

TELEHEALTH FOR YOU.

Meet Sam, your 24/7 personal healthcare provider.

No waiting rooms. Our team of medical providers is ready to care for you, right from your phone, desktop or mobile app.



Urgent or Emergent Care



Primary Care



COVID-19 Care



Prescriptions



Medical Questions & More!

Powered by UCM Digital Health, you will meet and receive care from our dedicated team of medical providers when you use Sam.

Sam provides you with convenient, immediate access to quality care - whether you are sick, injured, or simply seeking credible medical information. Our staff of emergency medicine trained providers are skilled to handle all conditions - common or complex, we are here for you. Our dedicated team can also assist with follow-up like scheduling labs, imaging and writing prescriptions when needed.



No need to search the web for your medical information!

Through Sam, you have instant access to UpToDate clinical information, which provides accurate, easy-to-understand, reliable medical information that helps you become better informed about your care.

You can choose how you would like to start a consult:

A

SAM BY UCM MOBILE APP



B

VISIT WWW.GOSEESAM.COM

SCAN



CODE

C

CALL US BY PHONE

844-4-VIP-DOC
(844-484-7362)

FSA

- ✓ Use tax-free money to pay for qualified medical expenses, including dental and vision*
- ✓ Make tax-free payroll contributions
- ✓ Pay for your spouse and dependents too



Healthcare Flexible Spending Account

Save up to \$610 on taxes

| | |
|--|--|
| Fund availability | Get full annual amount on day 1 of plan year |
| Fund expiration | Funds eventually expire if you don't use them (though some employers offer grace period or carryover extensions) |
| Investing | Cannot invest FSA funds or grow your account |
| Contribution changes | Only during enrollment or 'qualifying life event' |
| Health plan type | Works with any health plan type |
| Contribution limits[^] | \$3,050 (regardless of plan type) |
| Account compatibility (if offered by employer) | <ul style="list-style-type: none"> • Dependent Care FSA |



Discover more ways to save.

HealthEquity.com/Learn

*FSAs and HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA and HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ¹Estimated potential tax savings are based on a \$7,500 family HSA contribution and 20% effective tax rate including applicable state and federal income taxes. Actual tax savings will vary based on your contribution amount and specific tax situation. | ²Estimated potential tax savings are based on a \$2,500 contribution and a 20% effective tax rate, including applicable state and federal income taxes. Actual tax savings will vary based on your specific tax situation. | ³Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ⁴Contribution limits are accurate as of 10/01/2022. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | Copyright © 2022 HealthEquity, Inc. All rights reserved. HSAsFSA-One-pages-2022.indd

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses.¹ FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck – think of it as money added to your wallet.

- Access annual contribution amount on day one
- Fast, hassle-free payments and reimbursement
- Pay for your spouse and dependents too



Annual tax saving potential²

\$610

IRS Contribution Limit³

\$3,050

Common eligible medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



See how much you can save

HealthEquity.com/Learn/FSA

¹FSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | ³Contribution limit is accurate as of 10/20/2022. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.



Benefit Better.

FSA Store is the worry-free zone for spending your pre-tax dollars.

Did you know that your FSA covers more than bandages and over the counter medicines?



Funds stretch far to cover 2,500+ items including physician visits, hi-tech kits, and plenty of items you'd never expect.

Try out FSA Store with an exclusive savings of \$5 at:
fsastore.com/healthequity.

Use code HealthEquity5 (1 per customer, expires June 2023)

In addition to our products, tools, and services, FSA experts are available 24/7 via phone and chat.



They are able to answer general questions about year-end deadlines, maximum contributions, order statuses, returns, exchanges, products, and pricing.



Last but not least, FSA Store makes payment processing seamless with no purchase verification when using your FSA card.



> 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 Harrison 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 30 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. |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | For You: The Principal Sum amount is equal to the amount of your life insurance benefit. |

FEATURES

| | |
|---|--|
| Living Care/ Accelerated Death Benefit | 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$16,000. |
|---|--|

| | |
|--|---|
| 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. |
| Additional AD&D Benefits | In addition to basic AD&D benefits, you are protected by the following benefits: - Childcare - Child Education - Seat Belt - Airbag - Common Carrier |
| 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 AND EXCLUSIONS | |
| Insurance benefits and guarantee issue amounts are subject to age reductions: - At age 70, amounts reduce to 50% | |
| Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling. | |
| Please contact your employer if you have questions prior to enrolling. | |

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

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 may have the right to continue this insurance under the Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 50
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.



Group Hospital Indemnity Insurance

for Harrison County

A hospital stay can be expensive—even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Key Features

- ✓ Pays a **lump-sum benefit** starting at admission
- ✓ Pays a **daily benefit** for each day confined in a hospital
- ✓ Includes a **wellness benefit** for a number of preventive care procedures
- ✓ **No deductibles, copays, coinsurance or networks** (see any doctor)
- ✓ **Guaranteed issue** – no medical exams or tests
- ✓ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Flexible - 229143

Group Hospital Indemnity Benefits - Texas

Forms G H1730/G H1730C (HSA Compatible)

Hospital Admission

Group Hospital Indemnity pays a lump-sum benefit for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.

Plan 1

Plan 2

\$500

\$1,500

Hospital Indemnity Care Rider

(Form No. R G1736C)

Note: Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours. Only one type of confinement benefit is payable for a given day. If confinement continues in an Intensive Care Unit, Sub-Acute Intensive Care Unit or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted.

Hospital Confinement

Pays a daily benefit for hospital confinement (at least 20 continuous hours as a resident inpatient) due to a covered sickness or injury

\$150
payable for
30 days

\$150
payable for
30 days

Intensive Care Unit

Pays a daily benefit for confinement in an intensive care unit

\$300
up to
10 days

\$300
up to
10 days

Hospital Observation Rider

(Form R G2202C)

Pays a lump sum benefit for outpatient services received during a hospital stay, prescribed by a physician for a covered sickness or an injury sustained from a covered accident.

- Initial Observation - once per insured person per observation stay in a calendar year
At least 20 hours - **\$1,000**
- Observation Care -
20-48 hours - **\$100**
49 hours or more - **\$200**

Preventive Care Rider:

(Form No. R G1740C)

Pays a **\$50** daily benefit up to the maximum of twice per insured person or four times per family in a calendar year for the following preventive care services:

- blood screening for triglycerides, cholesterol, HDL or LDL
- fasting blood glucose test
- annual physical exam
- routine eye exam
- immunizations

229143

GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It is not major medical insurance and does not satisfy the requirement for minimum essential coverage under the affordable Care Act (ACA). It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Hospital Indemnity Semi-Monthly Premiums - Texas*

Forms G H1730/G H1730C (HSA Compatible)

Coverage Tiers

Plan 1

| | Employee | Employee & Spouse | Employee & Children | Family |
|----------|----------|-------------------|---------------------|---------|
| All Ages | \$10.07 | \$20.34 | \$19.45 | \$28.40 |

Plan 2

| | Employee | Employee & Spouse | Employee & Children | Family |
|----------|----------|-------------------|---------------------|---------|
| All Ages | \$14.19 | \$28.77 | \$27.14 | \$40.41 |

Group Hospital Indemnity - Texas

Forms G H1730/G H1730C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical advice or treatment from a Physician.

Special Endorsement

The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause and 10-month pregnancy exclusion.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
- voluntarily inhaling gas;
- having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
- being confined primarily for rest care or convalescent care;
- having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
- being born, unless the loss is the result of a covered sickness or injury;
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
- receiving routine newborn nursing or well baby care;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a mental and nervous disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment except as the result of an injury;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane; or



> Voluntary Dental Insurance

More Than a Pretty Smile



Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

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

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. 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 YEAR DEDUCTIBLES AND MAXIMUMS | IN-NETWORK | OUT-NETWORK |
|-------------------------------------|--------------------|--------------------|
| Type A | Waived | Waived |
| Type B & C Deductible | | |
| Individual | \$50 | \$50 |
| Family | 3 times Individual | 3 times Individual |
| Annual Maximum | \$1,000 | \$1,000 |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,000 |

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

| COVERED SERVICES | IN-NETWORK | OUT-NETWORK |
|---|------------|-------------|
| Type A Services | 100% | 100% |
| <ul style="list-style-type: none"> • Examinations/Evaluations • Bitewing X-rays • All Other X-Rays • Fluoride Treatments • Cleaning/Prophylaxis • Sealants • Space Maintainers • Full Mouth X-rays, Panoramic Film | | |
| Type B Services | 80% | 80% |
| <ul style="list-style-type: none"> • Palliative Treatment • Brush Biopsy/Cancer Screening • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Repair/Recementation of Bridges • Surgical Extractions • General Anesthesia or I.V. Sedation | | |
| Type C Services | 50% | 50% |
| <ul style="list-style-type: none"> • Periodontal Maintenance • Endodontics • Full or Partial Removable Dentures • Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers • Surgical Periodontics • Non-Surgical Periodontics | | |
| Child Orthodontia | 50% | 50% |
| <ul style="list-style-type: none"> • Harmful Habit Appliances | | |

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

PREVENTIVE EDGE

Benefits for Type A services listed above will not be applied to the insured person's Annual Maximum.

ANNUAL OPEN ENROLLMENT PERIOD

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 1 service in a 6 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 60 month period.
- Fluoride – For dependent children up to age 14. 1 service in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 1 service in a 6 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 1 service in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 1 service in a 6 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

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.

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

| Coverage Tier | Premium Amount | |
|-------------------------------------|----------------|--------------|
| | Monthly | Semi-Monthly |
| Employee/Member | \$27.50 | \$13.75 |
| Employee/Member + Spouse | \$56.65 | \$28.33 |
| Employee/Member + Child(ren) | \$77.00 | \$38.50 |
| Employee/Member + Family | \$107.25 | \$53.63 |

To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a \checkmark or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

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. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).





> Voluntary Vision Insurance

Mutual of Omaha Vision Powered by EyeMed



Your eyes are a window to overall health and wellness. Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions.

Because early detection is key for treatment, regular eye examinations play a vital role in a healthy life.

Your Vision Matters

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

You have so many reasons to keep your eyes healthy. Ongoing vision care will help you maintain the best possible eye – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | | |
|---|---|--------------------------------------|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. | |
| Dependent Eligibility Requirement | To be eligible for coverage, any dependent child(ren) must be under 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. | |
| BENEFITS | MEMBER COST IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT* |
| Exam with Dilation as Necessary | \$10 copay | Up to \$37 |
| Exam Options: •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up | •Up to \$39 •Up to \$40 •10% off retail price | •Not Applicable |
| Frames •Any available frame at provider location | •\$0 copay, \$130 allowance plus 20% off balance over | •Up to \$58 |

| | | |
|--|---|-----------------|
| | allowance | |
| Standard Plastic Lenses: | | |
| •Single Vision | •\$25 copay | •Up to \$20 |
| •Bifocal | •\$25 copay | •Up to \$36 |
| •Trifocal | •\$25 copay | •Up to \$64 |
| •Lenticular | •\$25 copay | •Up to \$64 |
| •Standard Progressive Lenses (add on to bifocal copay) | •\$65 copay | •Up to \$36 |
| •Premium Progressive Lenses (add on to bifocal copay) | | |
| •Tier 1 | •\$85 copay | •Up to \$36 |
| •Tier 2 | •\$95 copay | •Up to \$36 |
| •Tier 3 | •\$110 copay | •Up to \$36 |
| •Tier 4 | •\$65 copay plus 80% of charge less \$120 allowance | •Up to \$36 |
| Lens Options: | | |
| •UV Coating | •\$0 copay | •Up to \$12 |
| •Tint (Solid and Gradient) | •\$0 copay | •Up to \$12 |
| •Standard Scratch Coating | •\$0 copay | •Up to \$12 |
| •Standard Polycarbonate (Adults) | •\$40 | •Not Applicable |
| •Standard Polycarbonate (Children under 19) | •\$0 copay | •Up to \$32 |
| •Standard Anti-Reflective | •\$45 | •Not Applicable |
| •Photochromic – Transitions | •\$75 | •Not Applicable |
| •Other Add-ons | •20% off retail price | •Not Applicable |
| Contact Lenses: (Contact lens allowance includes materials only) | | |
| •Conventional | •\$0 copay, \$130 allowance plus 15% off balance over allowance | •Up to \$89 |
| •Disposable | •\$0 copay, \$130 allowance | •Up to \$104 |
| •Medically Necessary | •\$0 copay, paid in full | •Up to \$210 |
| Laser Vision Correction: | | |
| •LASIK or PRK from U.S. Laser Network | •15% off retail price or 5% off promotional price | |
| Additional Pair of Glasses or Contacts | 40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used | |
| FREQUENCY | | |
| Exams | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frames | Once every 24 months | |

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

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.

PREMIUM AMOUNTS

| Coverage Tier | Monthly | Semi-Monthly |
|------------------------------|---------|--------------|
| Employee/Member | \$6.09 | \$3.05 |
| Employee/Member + Spouse | \$13.11 | \$6.56 |
| Employee/Member + Child(ren) | \$10.62 | \$5.31 |
| Employee/Member + Family | \$17.64 | \$8.82 |

› Frequently Asked Questions

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **www.mutualofomaha.com/vision** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

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 and limitations. 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. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.





> 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.

We’ve Got You Covered

As an active employee of Harrison 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 30 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, | 100% of employee’s benefit, up to \$250,000 |

| | | | |
|-----------------|---------|----------------------------|--|
| | | up to \$20,000 | |
| 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> |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | <p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p> |

FEATURES

| | |
|---|---|
| Living Care/ Accelerated Death Benefit | 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000. |
| 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 \$10,000, 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). |
| Additional AD&D Benefits | In addition to basic AD&D benefits, you are protected by the following benefits: <ul style="list-style-type: none"> - Childcare - Child Education - Seat Belt - Airbag - Common Carrier |
| 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

| | |
|---------------------------------|---|
| 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 AND EXCLUSIONS

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

- At age 70, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

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.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

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

Voluntary Term Life and AD&D 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 and AD&D 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 - 24 | \$0.87 | \$1.74 | \$2.61 | \$3.48 | \$4.35 | \$5.22 | \$6.09 | \$6.96 | \$7.83 | \$8.70 |
| 25 - 29 | \$0.99 | \$1.98 | \$2.97 | \$3.96 | \$4.95 | \$5.94 | \$6.93 | \$7.92 | \$8.91 | \$9.90 |
| 30 - 34 | \$1.10 | \$2.20 | \$3.30 | \$4.40 | \$5.50 | \$6.60 | \$7.70 | \$8.80 | \$9.90 | \$11.00 |
| 35 - 39 | \$1.33 | \$2.66 | \$3.99 | \$5.32 | \$6.65 | \$7.98 | \$9.31 | \$10.64 | \$11.97 | \$13.30 |
| 40 - 44 | \$1.91 | \$3.82 | \$5.73 | \$7.64 | \$9.55 | \$11.46 | \$13.37 | \$15.28 | \$17.19 | \$19.10 |
| 45 - 49 | \$3.06 | \$6.12 | \$9.18 | \$12.24 | \$15.30 | \$18.36 | \$21.42 | \$24.48 | \$27.54 | \$30.60 |
| 50 - 54 | \$5.24 | \$10.48 | \$15.72 | \$20.96 | \$26.20 | \$31.44 | \$36.68 | \$41.92 | \$47.16 | \$52.40 |
| 55 - 59 | \$12.37 | \$24.74 | \$37.11 | \$49.48 | \$61.85 | \$74.22 | \$86.59 | \$98.96 | \$111.33 | \$123.70 |
| 60 - 64 | \$17.66 | \$35.32 | \$52.98 | \$70.64 | \$88.30 | \$105.96 | \$123.62 | \$141.28 | \$158.94 | \$176.60 |
| 65 - 69 | \$36.18 | \$72.36 | \$108.54 | \$144.72 | \$180.90 | \$217.08 | \$253.26 | \$289.44 | \$325.62 | \$361.80 |
| 70+ | \$60.44 | \$120.88 | \$181.32 | \$241.76 | \$302.20 | \$362.64 | \$423.08 | \$483.52 | \$543.96 | \$604.40 |

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 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 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 | \$0.44 | \$0.87 | \$1.31 | \$1.74 | \$2.18 | \$2.61 | \$3.05 | \$3.48 | \$3.92 | \$4.35 |
| 25 - 29 | \$0.50 | \$0.99 | \$1.49 | \$1.98 | \$2.48 | \$2.97 | \$3.47 | \$3.96 | \$4.46 | \$4.95 |
| 30 - 34 | \$0.55 | \$1.10 | \$1.65 | \$2.20 | \$2.75 | \$3.30 | \$3.85 | \$4.40 | \$4.95 | \$5.50 |
| 35 - 39 | \$0.67 | \$1.33 | \$2.00 | \$2.66 | \$3.33 | \$3.99 | \$4.66 | \$5.32 | \$5.99 | \$6.65 |
| 40 - 44 | \$0.96 | \$1.91 | \$2.87 | \$3.82 | \$4.78 | \$5.73 | \$6.69 | \$7.64 | \$8.60 | \$9.55 |
| 45 - 49 | \$1.53 | \$3.06 | \$4.59 | \$6.12 | \$7.65 | \$9.18 | \$10.71 | \$12.24 | \$13.77 | \$15.30 |
| 50 - 54 | \$2.62 | \$5.24 | \$7.86 | \$10.48 | \$13.10 | \$15.72 | \$18.34 | \$20.96 | \$23.58 | \$26.20 |
| 55 - 59 | \$6.19 | \$12.37 | \$18.56 | \$24.74 | \$30.93 | \$37.11 | \$43.30 | \$49.48 | \$55.67 | \$61.85 |
| 60 - 64 | \$8.83 | \$17.66 | \$26.49 | \$35.32 | \$44.15 | \$52.98 | \$61.81 | \$70.64 | \$79.47 | \$88.30 |
| 65 - 69 | \$18.09 | \$36.18 | \$54.27 | \$72.36 | \$90.45 | \$108.54 | \$126.63 | \$144.72 | \$162.81 | \$180.90 |

| ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)* | | | | |
|---|---------|---------|---------|----------|
| \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 |
| \$0.40 | \$0.80 | \$1.21 | \$1.61 | \$2.01 |

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

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

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 may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 50%
- Spouse coverage terminates when you reach age 70.
- 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.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

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. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





Group Short Term Disability

for Harrison County

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- ☑ **Pays benefits if you become totally disabled and can't perform the important duties of your occupation**, as long as you are not working another job and are under the care of a physician
- ☑ Weekly benefit amount from **\$100 to \$1,000** by \$25 increments, subject to maximum benefit of 60% of weekly income
- ☑ **Pays 50% of your weekly total disability benefit if you return to work part time**, following a period of paid total disability

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Tier 1 - 229143

Group Short-Term Disability Income Benefits - Class 2 - Texas

Forms G H1808/G H1808C

24-Hour, Accident & Sickness Protection

| | |
|------------------------------------|---|
| Total Disability | After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities. |
| Partial Disability | Pays 50% of the total disability weekly benefit while the insured person is partially disabled and has returned to work part-time immediately following a period of paid total disability, but still unable to perform all work duties resulting in a loss of income of at least 20%. Partial disability benefits will continue until the insured person is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but in no case longer than: <ul style="list-style-type: none">• 13 weeks if the maximum benefit period is 13 or 26 weeks; or• 26 weeks if the maximum benefit period is 52 or 104 weeks. |
| Presumptive Disability | Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot. |
| Recurrent Disability | Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period. |
| Childbirth | For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery. |
| Organ Donor | Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person. |
| Mental and Nervous Disorder | Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none">• 52 weeks if the maximum benefit period is 13 or 26 weeks; or• 104 weeks if the maximum benefit period is 52 or 104 weeks. |
| Substance Abuse | Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none">• 52 weeks if the maximum benefit period is 13 or 26 weeks; or• 104 weeks if the maximum benefit period is 52 or 104 weeks. |
| Waiver of Premium | Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first. |
| Accidental Death | Pays a lump sum benefit of 25 times the total disability weekly benefit if the insured person dies as the result of an injury sustained in a covered accident within 90 days of the date of the covered accident. |

229143

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED COVERAGE. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Short-Term Disability Income Benefits - Class 2 - Texas

Forms G H1808/G H1808C

24-Hour, Accident & Sickness Protection

Survivor

Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.
- This benefit not payable if Terminal Illness Benefit paid.

Terminal Illness

Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.
- If this benefit is paid, Survivor Benefit is not payable.

Workplace Modification

Pays the actual costs incurred modifying the workplace to help the insured person remain at work or return to work, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; actual costs reimbursed limited to three times the total disability weekly benefit, not to exceed \$3,000 for the insured's lifetime.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; actual costs reimbursed limited to six times the total disability weekly benefit, not to exceed \$6,000 for the insured's lifetime.

Catastrophic Disability Rider Benefit

(Form R G1809C)

Pays a lump sum benefit if the insured person is receiving total disability weekly benefits and is catastrophically disabled (requiring assistance with at least two activities of daily living) for at least 30 days after satisfying the policy's elimination period.

- Lump sum benefit of six times the total disability weekly benefit amount if maximum benefit period is 13 or 26 weeks; or
 - Lump sum benefit of 13 times the total disability weekly benefit amount if maximum benefit period is 52 or 104 weeks.
-

Group Disability Income Semi-Monthly Premiums - Class 2 - Texas

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 7/7 days (accident/sickness)

| Annual Income | \$8,750 | \$11,000 | \$13,000 | \$15,250 | \$17,500 | \$19,500 | \$21,750 | \$24,000 |
|----------------|---------|----------|----------|----------|----------|----------|----------|----------|
| Weekly Benefit | \$100 | \$125 | \$150 | \$175 | \$200 | \$225 | \$250 | \$275 |
| Issue Age | | | | | | | | |
| 18 - 49 | \$4.5 | \$5.62 | \$6.74 | \$7.87 | \$8.99 | \$10.12 | \$11.24 | \$12.36 |
| 50 - 59 | \$5.00 | \$6.23 | \$7.48 | \$8.73 | \$9.98 | \$11.23 | \$12.47 | \$13.72 |
| 60 - 69 | \$6.07 | \$7.59 | \$9.10 | \$10.62 | \$12.14 | \$13.66 | \$15.18 | \$16.71 |
| 70+ | \$7.45 | \$9.31 | \$11.18 | \$13.05 | \$14.91 | \$16.78 | \$18.64 | \$20.50 |

| Annual Income | \$26,000 | \$28,250 | \$30,500 | \$32,500 | \$34,750 | \$37,000 | \$39,000 | \$41,250 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Weekly Benefit | \$300 | \$325 | \$350 | \$375 | \$400 | \$425 | \$450 | \$475 |
| Issue Age | | | | | | | | |
| 18 - 49 | \$13.49 | \$14.6 | \$15.74 | \$16.86 | \$17.98 | \$19.11 | \$20.23 | \$21.35 |
| 50 - 59 | \$14.97 | \$16.22 | \$17.47 | \$18.71 | \$19.95 | \$21.21 | \$22.46 | \$23.70 |
| 60 - 69 | \$18.21 | \$19.73 | \$21.26 | \$22.76 | \$24.29 | \$25.81 | \$27.32 | \$28.84 |
| 70+ | \$22.36 | \$24.24 | \$26.09 | \$27.96 | \$29.83 | \$31.69 | \$33.55 | \$35.43 |

| Annual Income | \$43,500 | \$45,500 | \$47,750 | \$50,000 | \$52,000 | \$54,250 | \$56,500 | \$58,500 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Weekly Benefit | \$500 | \$525 | \$550 | \$575 | \$600 | \$625 | \$650 | \$675 |
| Issue Age | | | | | | | | |
| 18 - 49 | \$22.48 | \$23.6 | \$24.73 | \$25.85 | \$26.96 | \$28.09 | \$29.21 | \$30.34 |
| 50 - 59 | \$24.95 | \$26.20 | \$27.46 | \$28.70 | \$29.93 | \$31.19 | \$32.43 | \$33.69 |
| 60 - 69 | \$30.36 | \$31.87 | \$33.39 | \$34.91 | \$36.42 | \$37.95 | \$39.47 | \$40.99 |
| 70+ | \$37.28 | \$39.15 | \$41.01 | \$42.87 | \$44.74 | \$46.60 | \$48.47 | \$50.33 |

| Annual Income | \$60,750 | \$63,000 | \$65,000 | \$67,250 | \$69,500 | \$71,500 | \$73,750 | \$76,000 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Weekly Benefit | \$700 | \$725 | \$750 | \$775 | \$800 | \$825 | \$850 | \$875 |
| Issue Age | | | | | | | | |
| 18 - 49 | \$31.46 | \$32.59 | \$33.71 | \$34.83 | \$35.96 | \$37.08 | \$38.2 | \$39.34 |
| 50 - 59 | \$34.93 | \$36.18 | \$37.42 | \$38.67 | \$39.93 | \$41.17 | \$42.41 | \$43.66 |
| 60 - 69 | \$42.50 | \$44.02 | \$45.55 | \$47.05 | \$48.57 | \$50.10 | \$51.61 | \$53.12 |
| 70+ | \$52.20 | \$54.05 | \$55.93 | \$57.79 | \$59.66 | \$61.52 | \$63.39 | \$65.24 |

| Annual Income | \$78,000 | \$80,250 | \$82,500 | \$84,500 | \$86,750 | | | |
|----------------|----------|----------|----------|----------|----------|--|--|--|
| Weekly Benefit | \$900 | \$925 | \$950 | \$975 | \$1,000 | | | |
| Issue Age | | | | | | | | |
| 18 - 49 | \$40.45 | \$41.58 | \$42.7 | \$43.82 | \$44.95 | | | |
| 50 - 59 | \$44.90 | \$46.17 | \$47.41 | \$48.65 | \$49.90 | | | |
| 60 - 69 | \$54.65 | \$56.16 | \$57.68 | \$59.20 | \$60.72 | | | |
| 70+ | \$67.10 | \$68.98 | \$70.83 | \$72.70 | \$74.57 | | | |

*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income - Texas

Forms G H1808/G H1808C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Elimination Period: This contract has an elimination period. Benefits are not payable during the elimination period.

Foreign Travel and Residency: Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

Mental and Nervous Disorders: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Substance Abuse: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Pre-existing condition: A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the insured person received medical advice or treatment from a physician. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having cosmetic surgery or other elective procedures that are not medically necessary;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- having committed or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.



> 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 Harrison 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 30 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. |

BENEFITS

| | |
|--------------------------------|---|
| Elimination Period | 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. |
| Monthly Benefit | Your 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. The premium for your long-term disability coverage is waived while you are receiving benefits. |
| Maximum Monthly Benefit | \$6,000 |
| Minimum Monthly Benefit | \$100 |

| | |
|--|---|
| 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. |
| 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 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked. |
| FEATURES | |
| Vocational Rehabilitation Benefit | If you become disabled and 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. |
| 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. |
| Employee Assistance Program (EAP) | Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career. |
| 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. |

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 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?

Yes, your LTD insurance provides benefits for both on-the-job and 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:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- 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 3/12 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 12 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, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - 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.

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 7000GM-U-EZ-2010.





Group Accident Expense Insurance

for Harrison County

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles**, copays, coinsurance or networks - see any doctor
- ☑ **Guaranteed issue** - no medical exams or tests
- ☑ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you
and your family
are protected.**

It's easy —
sign up today



Not available to residents of New York.

Tier 3 - 229143

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

| | |
|---|---|
| Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room | \$150 - Dr. Office \$150 - Urgent Care \$300 - ER |
| Telemedicine Treatment | \$60 |
| Ambulance Transport to or from hospital; pays one of the following | \$300 - Ground \$900 - Air |
| X-Rays | \$300 |
| Diagnostic Exams CT, CAT, MRI or EEG | \$150 |
| Blood, Plasma or Platelets Processing or transfusion | \$900 |
| Emergency Room Observation Unit Held in hospital, without admission, after ER treatment | \$75 - 4-20 hours \$150 - 20+ hours |

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

| | |
|--|--|
| Follow-Up Treatment Benefit paid per visit, up to 2 visits per accident | \$150 |
| Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident | \$90 |
| Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident | \$90 |
| Epidural Pain Management | \$150 |
| Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year | \$15 |
| Medical Supplies Over-the-counter; once per accident; up to three per calendar year | \$15 |
| Appliances Rented or purchased, such as crutches or wheelchair | \$375 |
| Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices | \$1,500 - One device \$3,000 - Multi. devices |
| Residence/Vehicle Modification | \$1,500 |
| Transportation For physician treatment 50+ miles from residence; up to three round trips per accident | \$300 - Ground \$750 - Air |
| Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident | \$300 per day |

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care

| | |
|---|--|
| Burns | |
| Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected. | \$1,500 |
| Burns – Skin Graft - Pays 50 percent of the burn benefit. | |
| Child Organized Sport | |
| Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such | up to \$1,000 maximum |
| Coma | |
| Not medically induced or the result of drug or alcohol use | \$30,000 |
| Concussion | |
| Not payable if traumatic brain injury benefit is paid | \$75 |
| Dental Emergency | |
| Natural tooth treatment provided by a dentist | \$300 - Crown \$90 - Extraction |
| Dislocation | |
| Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation | \$6,000 - Open reduction \$3,000 - Closed reduction |
| Ear Injury | |
| Resulting in hearing loss greater than 60 percent | \$300 once per lifetime |
| Eye Injury | |
| Requiring surgery or removal of foreign object | \$300 |
| Fracture | |
| Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected | \$6,000 - Open fracture \$3,000 - Closed fracture |
| Gunshot Wound | |
| Requiring hospitalization and surgery | \$1,500 |
| Lacerations | |
| Pays a percentage of the benefit based on the length of laceration | \$150 |
| Occupational HIV | |
| | \$900 |
| Paralysis | |
| Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime | \$22,500 - Paraplegia \$45,000 - Quadriplegia |
| Poisoning | |
| | \$75 |
| Post Traumatic Stress Disorder | |
| | \$600 |
| Traumatic Brain Injury | |
| Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray | \$900 |

229143

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

| | |
|---|---------|
| Hospital Admission Pays once per calendar year | \$1,500 |
| Hospital Confinement Daily benefit paid up to 365 days per accident | \$300 |
| Intensive Care Daily benefit paid up to 30 days per accident | \$600 |
| Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident | \$450 |
| Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year | \$300 |
| Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident | \$60 |

Surgical Care

Paid within 180 days of accident

| | |
|---|---------|
| Open Abdominal, Thoracic or Cranial Surgery Not including hernia | \$3,000 |
| Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery | \$1,500 |
| Ruptured Disc Surgery | \$1,500 |
| Hernia Surgery | \$750 |
| Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid | \$750 |
| Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid | \$300 |
| Anesthesia Administered for a payable surgery benefit | \$300 |

Preventive Care Rider

(Form R G1723C)

Pays **\$50** once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

229143

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

(Form R G1712C)

| | |
|--|--|
| Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid | \$60,000 - Employee \$30,000 - Spouse \$15,000 - Child |
| Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use | \$15,000 - Employee \$7,500 - Spouse \$3,750 - Child |
| Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier | \$150,000 - Employee \$75,000 - Spouse \$37,500 - Child |
| Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution | Pays \$1,500 per accidental death, per qualifying child |
| Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part | \$60,000 - Employee \$30,000 - Spouse \$15,000 - Child |

Group Accident Expense Semi-Monthly Premiums - 24-Hour - Texas

Forms G H1708/G H1708C (HSA Compatible)

| | Employee | Employee & Spouse | Employee & Children | Family |
|----------|----------|-------------------|---------------------|---------|
| All Ages | \$10.12 | \$17.56 | \$19.94 | \$29.71 |

*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Texas

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- receiving treatment by a Physician who is a member of an Insured Person's Immediate Family or business associate;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice of a Physician;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- commission of or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



Group Critical Illness Insurance

for Harrison County

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ Includes a **health screening benefit which pays \$50 a year** for any number of common covered medical tests or procedures
- ☑ The **return of premium benefit** pays you back **100% of the premiums paid for the policy and riders** if you die from a cause other than a covered critical illness
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Not available to residents of New York.

**Know you
and your family
are protected.**

It's easy –
sign up today



Group Critical Illness Benefits - Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition.

| | |
|---|---------------------|
| Heart Attack | 100% |
| Coronary Artery Bypass Surgery | 25% |
| Stroke | 100% |
| Invasive Cancer (30-day waiting period) | 100% |
| Non-Invasive Cancer (30-day waiting period) | 25% |
| Skin Cancer (30-day waiting period) | \$250/calendar year |
| Kidney (Renal) Failure | 100% |
| Major Organ Transplant | 100% |
| Advanced Alzheimer's Disease | 100% |
| Coma | 100% |
| Paralysis | 100% |
| Loss of Sight | 100% |
| Loss of Speech | 100% |
| Loss of Hearing | 100% |
| Advanced Parkinson's Disease | 100% |
| Benign Brain Tumor | 100% |

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If an additional diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If a subsequent diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

Return of Premium for Non-CI Death

Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders, if the covered employee dies from a cause other than a covered critical illness.

229143

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Critical Illness Benefits - Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Health Screening Rider
(Form R G1720C)

Pays a **\$50** benefit per calendar year per insured person for specified screening services listed below.

- | | |
|--|--|
| Biopsy for skin cancer | Flexible sigmoidoscopy |
| Bone marrow biopsy and aspiration | Hemocult stool analysis |
| Breast ultrasound | Mammography |
| CA 15-3 (blood test for breast cancer) | Pap smear |
| CA 19-9 (blood test for pancreatic cancer) | PSA (blood test for prostate cancer) |
| CA 125 (blood test for ovarian cancer) | Serum protein electrophoresis (blood test for Myeloma) |
| CEA (blood test for colon and cervical cancer) | Stress test (bicycle or treadmill) |
| Chest X-ray | Thermography |
| Colonoscopy | |

Increasing Benefit Rider
(Form R G1721C)

Increases the policy's benefit amount by 5% for each policy anniversary coverage is in force, for up to ten years.

Group Critical Illness Semi-Monthly Premiums - Texas

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)
Child benefit is equal to 25% of employee benefit.

| Non-Tobacco | | Employee Benefit Amount | | | | | | | | |
|--------------------|----------------|--------------------------------|-----------------|-----------------|-----------------|-----------------|--|--|--|--|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | | | | |
| 18-24 | \$1.75 | \$2.96 | \$4.15 | \$5.36 | \$6.56 | \$7.75 | | | | |
| 25-29 | \$2.19 | \$3.66 | \$5.14 | \$6.61 | \$8.09 | \$9.56 | | | | |
| 30-34 | \$2.62 | \$4.42 | \$6.20 | \$8.00 | \$9.78 | \$11.58 | | | | |
| 35-39 | \$3.46 | \$5.80 | \$8.14 | \$10.49 | \$12.83 | \$15.18 | | | | |
| 40-44 | \$4.43 | \$7.44 | \$10.44 | \$13.45 | \$16.46 | \$19.47 | | | | |
| 45-49 | \$5.63 | \$9.67 | \$13.73 | \$17.78 | \$21.83 | \$25.88 | | | | |
| 50-54 | \$7.50 | \$13.19 | \$18.88 | \$24.56 | \$30.25 | \$35.95 | | | | |
| 55-59 | \$9.79 | \$17.68 | \$25.56 | \$33.46 | \$41.35 | \$49.24 | | | | |
| 60-64 | \$12.18 | \$22.58 | \$32.97 | \$43.36 | \$53.75 | \$64.15 | | | | |
| 65-69 | \$16.47 | \$31.14 | \$45.80 | \$60.47 | \$75.13 | \$89.80 | | | | |
| 70+ | \$27.82 | \$53.38 | \$78.95 | \$104.49 | \$130.06 | \$155.61 | | | | |

| Tobacco | | Employee Benefit Amount | | | | | | | | |
|------------------|----------------|--------------------------------|-----------------|-----------------|-----------------|-----------------|--|--|--|--|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | | | | |
| 18-24 | \$2.12 | \$3.67 | \$5.23 | \$6.77 | \$8.32 | \$9.88 | | | | |
| 25-29 | \$2.73 | \$4.74 | \$6.74 | \$8.74 | \$10.75 | \$12.76 | | | | |
| 30-34 | \$3.44 | \$6.02 | \$8.60 | \$11.19 | \$13.77 | \$16.36 | | | | |
| 35-39 | \$4.72 | \$8.29 | \$11.86 | \$15.43 | \$19.01 | \$22.58 | | | | |
| 40-44 | \$6.22 | \$10.99 | \$15.73 | \$20.48 | \$25.25 | \$30.00 | | | | |
| 45-49 | \$8.27 | \$14.89 | \$21.52 | \$28.14 | \$34.76 | \$41.38 | | | | |
| 50-54 | \$11.44 | \$20.99 | \$30.52 | \$40.06 | \$49.61 | \$59.14 | | | | |
| 55-59 | \$15.49 | \$28.94 | \$42.39 | \$55.85 | \$69.30 | \$82.76 | | | | |
| 60-64 | \$19.83 | \$37.71 | \$55.59 | \$73.47 | \$91.35 | \$109.24 | | | | |
| 65-69 | \$27.43 | \$52.89 | \$78.35 | \$103.81 | \$129.26 | \$154.72 | | | | |
| 70+ | \$46.75 | \$90.98 | \$135.20 | \$179.43 | \$223.65 | \$267.88 | | | | |

Employee & Spouse or Family (rates based on employee's age; employee benefit amount over \$30,000 requires underwriting for all covered)
Spouse benefit is equal to 50% of employee benefit.
Child benefit is equal to 25% of employee benefit.

| Non-Tobacco | | Employee Benefit Amount | | | | | | | | |
|--------------------|----------------|--------------------------------|-----------------|-----------------|-----------------|-----------------|--|--|--|--|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | | | | |
| 18-24 | \$2.81 | \$4.56 | \$6.30 | \$8.05 | \$9.79 | \$11.55 | | | | |
| 25-29 | \$3.46 | \$5.57 | \$7.70 | \$9.82 | \$11.95 | \$14.07 | | | | |
| 30-34 | \$4.15 | \$6.75 | \$9.35 | \$11.94 | \$14.56 | \$17.15 | | | | |
| 35-39 | \$5.55 | \$8.98 | \$12.41 | \$15.84 | \$19.27 | \$22.70 | | | | |
| 40-44 | \$7.16 | \$11.59 | \$16.01 | \$20.44 | \$24.87 | \$29.29 | | | | |
| 45-49 | \$9.09 | \$15.09 | \$21.09 | \$27.10 | \$33.10 | \$39.12 | | | | |
| 50-54 | \$12.02 | \$20.51 | \$29.00 | \$37.48 | \$45.97 | \$54.45 | | | | |
| 55-59 | \$15.57 | \$27.38 | \$39.19 | \$51.00 | \$62.81 | \$74.62 | | | | |
| 60-64 | \$19.15 | \$34.72 | \$50.30 | \$65.88 | \$81.44 | \$97.02 | | | | |
| 65-69 | \$25.61 | \$47.61 | \$69.61 | \$91.61 | \$113.60 | \$135.60 | | | | |
| 70+ | \$42.86 | \$81.20 | \$119.54 | \$157.87 | \$196.21 | \$234.54 | | | | |

| Tobacco | | Employee Benefit Amount | | | | | | | | |
|------------------|----------------|--------------------------------|-----------------|-----------------|-----------------|-----------------|--|--|--|--|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | | | | |
| 18-24 | \$3.36 | \$5.63 | \$7.91 | \$10.18 | \$12.46 | \$14.74 | | | | |
| 25-29 | \$4.27 | \$7.19 | \$10.12 | \$13.04 | \$15.95 | \$18.87 | | | | |
| 30-34 | \$5.39 | \$9.18 | \$12.97 | \$16.76 | \$20.55 | \$24.34 | | | | |
| 35-39 | \$7.47 | \$12.74 | \$18.01 | \$23.29 | \$28.56 | \$33.82 | | | | |
| 40-44 | \$9.87 | \$16.92 | \$23.97 | \$31.01 | \$38.06 | \$45.10 | | | | |
| 45-49 | \$13.09 | \$22.95 | \$32.81 | \$42.68 | \$52.55 | \$62.41 | | | | |
| 50-54 | \$18.00 | \$32.26 | \$46.52 | \$60.79 | \$75.05 | \$89.30 | | | | |
| 55-59 | \$24.18 | \$44.34 | \$64.48 | \$84.64 | \$104.79 | \$124.95 | | | | |
| 60-64 | \$30.67 | \$57.48 | \$84.29 | \$111.10 | \$137.91 | \$164.71 | | | | |
| 65-69 | \$42.12 | \$80.30 | \$118.50 | \$156.69 | \$194.87 | \$233.06 | | | | |
| 70+ | \$71.39 | \$137.71 | \$204.05 | \$270.39 | \$336.73 | \$403.07 | | | | |

*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Critical Illness - Texas

Forms G H1715/G H1715C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the Insured Person received medical advice or treatment from a Physician.

Waiting period: The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- receiving treatment by a Physician who is a member of an Insured Person's immediate family or business associate;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- commission of or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

We are never more than one call away.



Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST



Email
claimsinfo@assurity.com



Claims
800-869-0355, Ext. 4484



Assurity
P.O. Box 82533
Lincoln, NE 68501-2533



Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060



Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

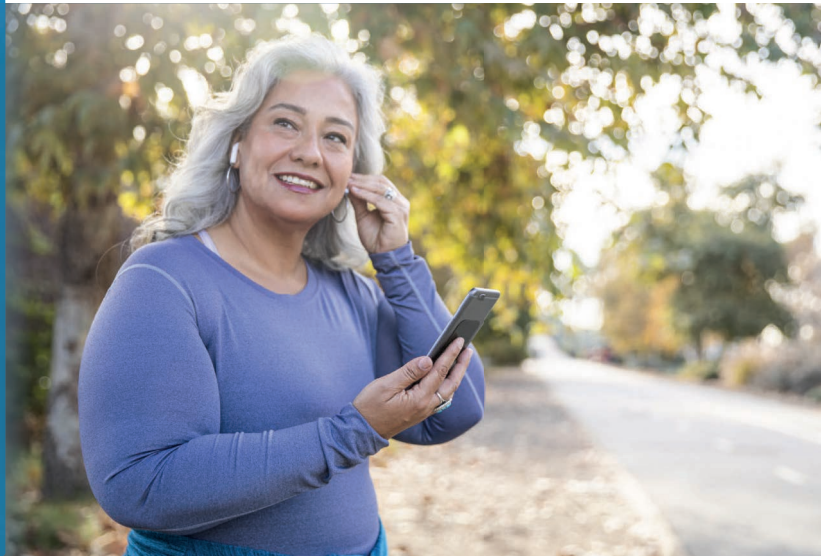


.....

NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: **1-800-316-2796**

Enhanced EAP Services

| Features | Value to Company and Employees |
|--|---|
| Employee Family Clinical Services | <ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery |
| Counseling Options | <ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal |
| Exclusive Provider Network | <ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers Network continually expanding to meet customer needs Flexibility to meet individual client/member needs |

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.



Enhanced EAP Services (continued)

| Features | Value to Company and Employees |
|---|---|
| Access | <ul style="list-style-type: none"> ▪ 1-800 hotline with direct access to a Master's level EAP professional ▪ 24/7/365 services available ▪ Telephone support available in more than 120 languages ▪ Online submission form available for EAP service requests ▪ EAP professionals will help members develop a plan and identify resources to meet their individual needs |
| Employee Family Legal Services | <ul style="list-style-type: none"> ▪ Valuable resources – legal libraries, tools and forms – available on EAP website ▪ A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney ▪ 25% discount for ongoing legal services for same issue |
| Employee Family Financial Services | <ul style="list-style-type: none"> ▪ Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health ▪ A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney ▪ 25% discount for ongoing financial services for same issue |
| Employee Family Work/Life Services | <ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals |
| Online Services | <ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> <li style="width: 50%;">▪ Current events and resources <li style="width: 50%;">▪ Legal assistance <li style="width: 50%;">▪ Family and relationships <li style="width: 50%;">▪ Physical well-being <li style="width: 50%;">▪ Emotional well-being <li style="width: 50%;">▪ Work and career <li style="width: 50%;">▪ Financial wellness <li style="width: 50%;">▪ Substance abuse and addiction ▪ Bilingual article library |
| Employee Communication | <ul style="list-style-type: none"> ▪ All materials available in English and Spanish |
| Eligibility | <ul style="list-style-type: none"> ▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee |
| Coordination with Health Plan(s) | <ul style="list-style-type: none"> ▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible |

2B-5 Sick Leave Pool : The Harrison County Sick Leave Pool (“Pool”) is a single, County-wide program in which eligible employees make voluntary contributions of accrued sick leave to become members, and from which eligible member employees may be granted sick leave in the event of catastrophic illness or injury after the employee uses up all accrued sick leave, accrued vacation, and compensatory time and is still unable to return to work.

THE BASIC OF THE SICK LEAVE POOL PROGRAM

The pool is established and maintained by voluntarily donated sick leave hours by eligible employees who become pool members. Pool hours may be granted to member employees only for bona-fide reasons (catastrophic illness or injury, etc.)

Consideration will only be given to employees who have exhausted all sick leave, vacation leave and compensatory time. *As approved by the Board of Directors of the pool.

These catastrophic illnesses or injuries are defined as those which are terminal, life threatening, or severe medical conditions. Examples of **qualifying** conditions include but not limited to:

- Strokes with residual paralysis or weakness
- Incapacitating heart attack or stroke
- Major surgery such as hysterectomies, mastectomies, heart bypass surgery
- Debilitating cancer
- Hepatitis
- Car wreck requiring hospitalization
- broken hip

Examples of non-qualifying conditions include but are not limited to:

- Colds and allergies;
- Minor surgery with no complications such as tonsillectomy, appendectomy, day surgery;
- Pregnancy with minor or no complications;
- Carpal tunnel syndrome

Hours may be dispensed from the pool only after the employee has exhausted all accrued sick, vacation, compensatory time, straight time, and personal time. This sick leave pool will be established from voluntary donations of sick leave hours by eligible employees who wish to assist other employees suffering from personal catastrophic illness or disability. The sick leave pool may be used only by the employees for their own catastrophic, life-threatening illness, injury, or disability.

SICK POOL MEMBERSHIP: All regular, full-time employees, who have 12 months or more of continuous employment, are eligible to join the sick leave pool by contributing a minimum of eight (8) hours but not more than 40 hours (5days) accrued sick leave per

year. Those who do not contribute are not eligible to receive benefits from the pool; no exceptions. You will have an opportunity to contribute to the pool during open enrollment in December of each year. Also during each January all current members must each donate a minimum of 8 hours, or no more than 5 days (40 hours) of sick leave in order to continue membership in the pool. The donation of 8 hours will be done automatically by Payroll each January unless the Pool Administration has an employee's signed notice of cancellation of membership in writing by December 31st of the preceding year. The Pool Administration must also have in writing the amount over 8 hours that you will donate in January. You may enroll in the employee sick pool by contacting the Human Resources department, during open enrollment period.

Minimum Available Sick Leave Requirement: Employees electing to donate to the pool must have at least 48 hours of sick leave available after their contribution to the pool is deducted from their sick leave balance.

Enrollment Period: Donations will only be accepted during the annual open enrollment in December. If an employee does not donate hours during this period, they will have to wait until the next year's open enrollment.

Membership Contributions/Enrollment Forms: Membership contribution forms must be submitted to the Human Resources office. Hours donated will be subtracted from each member's accrued sick leave balance on the first pay period in January.

Ownership of Donated Hours: Hours donated to the pool become the property of the Harrison County Sick Leave Pool and cannot be returned in the event of membership cancellation.

Maintain/Renew Membership: Employees need to follow the above requirements with an annual donation to the pool to maintain their membership and participation in the sick leave pool. Any employee leaving employment with the County will be allowed to donate hours to the sick pool at the time of their termination, up to 10 days may be donated upon retirement or termination. All other donations must be made during open enrollment for the next year.

Sick Leave Pool Hours Granted: Hours will be granted only for catastrophic health conditions which necessitate a prolonged absence from work. Qualifying health conditions and absences must be supported by a statement from the attending physician(s). Each request for sick pool hours to be granted will require a completed Statement of Illness/Injury signed by the employee's physician or other licensed practitioner in addition to a completed application for sick leave pool hours signed by the employee and the Department Head. These forms are available from the Human Resources Office and also on the Harrison County Intranet. (www.hcountynet)

The maximum number of hours granted to an applicant each year will not exceed the lesser of 480 hours or one-third of the total amount of time in the pool. Sick leave pool hours will not be approved for any days when an employee is receiving Worker's

Compensation benefits. Holidays that occur during an employee's use of sick leave pool hours will be paid as holidays and not deducted from the total hours acquired by that employee from the County sick leave pool.

Sick Leave Pool Application

Employee Responsibilities: Any employee (or designated representative) who requests hours from the sick leave pool is required to do the following:

- a) Complete the sick leave pool application request form and submit it to Human Resources office.
- b) Prior to exhausting all paid leave, submit the Physicians Certification of Illness/Injury form completed by both the employee and the licensed medical practitioner who is providing the treatment for the illness/injury to the Human Resources department.
- c) Provide additional information or documentation if requested by the Human Resources Office in order to make a determination for the request.
- d) Upon return to work after using sick leave pool, provide a written release from a licensed medical practitioner documenting the employee's ability to return to duty and the date of that return.
- e) Required forms are available from the Human Resources office. If a current medical certification has been submitted for purposes of FMLA leave and it covers the same period of requested pool leave, the Human Resources office may choose to permit a copy of that medical certification to be used.

Supervisor Responsibilities: The supervisor who receives a sick pool application request from an employee shall do the following:

- a) Review the employment history and records of the employee.
- b) If an employee member is critically ill and unable to file an application for sick leave from the pool, the Department Head may submit a written application from the employee's family.
- c) Upon completion, submit the form to the Human Resources department within three business days of receipt.
- d) The Department Head may submit a written statement concerning the eligibility of the employee.

Pool Administrator Responsibilities: The Pool Administrator is the County Human Resources office who will ensure that all employees have equal access to the pool. Decisions to approve or deny requests from the pool will be equitable, consistent, and without regard for employee classification or other legally impermissible reason. If the employee is found to be eligible and the request is approved by the sick leave pool committee, the Pool Administrator shall approve the transfer of time from the pool to the employee. The time will be credited to the employee and shall be used for the qualifying catastrophic or life-threatening illness, injury, or no-work-related disability of

the employee. An employee absent on sick leave assigned from the Pool is treated for all purposes as if the employee were absent on accrued sick leave.

Sick Leave Pool Committee: The sick leave pool committee will be comprised of at least five voting members, one of whom shall be the County Auditor, as chairperson, two Department Heads/Elected Officials drawn at random or their designees, and two employees whose names shall be drawn at random from a list of eligible pool members.

Cessation of Sick Leave Pool: The Sick Leave Pool shall cease to award sick leave when all hours in the sick leave pool have been depleted. Any hours contributed that remain in the pool at the end of the year shall roll forward for use during ensuing years.

Employee: Employee shall mean – A “Regular full-time” County employee with 12 or more months of continuous full-time employment. Contributing members may not use days from the catastrophic sick leave pool for family members.

Appeals: A member may appeal the committee’s decision in writing. If a member requests an appeal, the committee will respond to the employee’s appeal in writing ten (10) working days after receipt of the written appeal. The committee’s decision is final.

Contacts

Imagine 360 (GPA)

Group #: H870623
Medical

Medical Plan Network

PHCS

Provider Search

www.multiplan.com/phcspracanc

Employee Member Portal

<https://www.imagine360.com/member-login/>

Member Services

Email: myplan@imagine360.com

Call: 800.903.4360

Visit: imagine360.com/member-login

KIS Imaging

(MRI, CT & PET Scans)

Call: 888.458.8746

UCM Telehealth

Call: 844.484.7362

Visit: goseesam.com

ELAP

If you receive a hospital/facility bill that doesn't match your EOB,
contact ELAP right away!

Call: 800.977.7381

Email: balancebills@elapservices.com

Visit: www.elapservices.com

Health Equity

Group #: 59301

Flexible Spending Accounts
(F.S.A.)

Employee Member Portal

<https://my.healthequity.com>

Member Services

Email: memberservices@healthequity.com

Call: 877.924.3967

TCDRS

Retirement

Employee Member Portal

www.TCDRS.org

Member Services

Call: 800.823.7782

Contacts

Mutual of Omaha

Group #: G000AZ3G

Dental
Vision
Life
LTD

Dental Provider Search

<https://www.mutualofomaha.com/employer-based-plans/dental-insurance/resources>



Vision Provider Search

<https://eyedoclocator.eyemedvisioncare.com/mutual/en>



Employee Member Portal

<https://accounts.mutualofomaha.com/>

Customer Service

Call: 800.927.9197

Assurity

Group #: 1600000740

Hospital Indemnity
Short-Term Disability
Accident
Critical Illness

Employee Member Portal

<https://myassurity.com>

Customer Service

Call: 800.276.7619, Ext. 4210

Filing a Claim

Online: File your claim online through the member portal

Call: 800.869.0355, Ext. 4484

Email: claimsinfo@assurity.com

Your Team

Human Resources

903.923.4018

The Nitsche Group: Insurance Broker

Amy Simpson

Call: 979.542.6373

Email: AmyS@TheNitscheGroup.com