



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

## Group Insurance Proposal

*Presented To:*

**City of Alabaster AL**

*Presented By:*

**Byars-Wright, Inc.**

*Includes:*

**Basic Term Life and AD&D, Voluntary Term Life, Preferred Choice Voluntary Short-Term Disability, Voluntary Long-Term Disability, Voluntary Critical Illness, Voluntary Hospital Indemnity, Voluntary Accident**

**August 4, 2023**



# BASIC TERM LIFE AND AD&D INSURANCE

*Proposal for:* City of Alabaster AL  
*Alternate:* 1.00

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

**CLASS DEFINITION(S)**                      **Class 1:** All Eligible Full Time Employees

**ELIGIBILITY REQUIREMENT**              This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

**MINIMUM WORK HOURS**                      **Class 1:** 30 or more hours each week

## BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
	1X Annual Salary	\$50,000	\$50,000	\$10,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE*	At Age	Benefits Reduce to:
	65	65%
	70+	50%

\* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

**EMPLOYEE AD&D BENEFIT AMOUNT**              The AD&D Principal Sum amount is equal to the amount of basic term life insurance.

## PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	100%	258	Non-Contributory

COST SUMMARY	Number of Lives	Total Monthly Volume	Monthly Rate	Total Monthly Premium	Total Annual Premium
Employee Term Life	258	\$12,148,250	\$0.13/\$1,000	\$1,579.27	\$18,951.24
Employee AD&D	258	\$12,148,250	\$0.02/\$1,000	\$242.97	\$2,915.64
<b>Total</b>	--	--	--	<b>\$1,822.24</b>	<b>\$21,866.88</b>

**PACKAGE PRICING**                      The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

**RATE GUARANTEE**                      2 Years

**RATE GUARANTEE DATE**              01/01/2026

## ADDITIONAL BENEFITS

<b>WAIVER OF PREMIUM - DISABILITY</b>	<ul style="list-style-type: none"> <li>▪ <b>Definition of Disability</b> - Any Occupation</li> <li>▪ <b>Elimination Period</b> - 6 months</li> <li>▪ <b>Termination</b> - SSNRA</li> </ul>
<b>LIVING CARE BENEFIT</b>	80% to \$40,000
<b>LAYOFF/LEAVE</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary Layoff</b> - 12 weeks</li> <li>▪ <b>Personal Leave</b> - 12 weeks</li> </ul>
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.
<b>TRAVEL ASSISTANCE</b>	Included
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	<b>Enhanced with 3 face to face visit(s)</b> – An in-house team of master’s level EAP professionals are available 24/7/365 to provide individual assessments. Employees may substitute a face to face session for a legal or financial referral. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience. Online there 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. For CA residents, face to face visits are limited to three in a six month period.
<b>AD&amp;D</b>	24 hour coverage for employees
<b>AD&amp;D BENEFITS</b>	<ul style="list-style-type: none"> <li style="width: 33%;">- Seat Belt</li> <li style="width: 33%;">- Spouse Education</li> <li style="width: 33%;">- Common Carrier</li> <li style="width: 33%;">- Airbag</li> </ul>
<b>CONVERSION</b>	Included



# BASIC TERM LIFE AND AD&D INSURANCE

**Proposal for:** City of Alabaster AL

**Alternate:** 1.01

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week

## BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
	\$50,000	\$50,000	\$50,000	\$50,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE*	At Age	Benefits Reduce to:
	65	65%
	70+	50%

\* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

**EMPLOYEE AD&D BENEFIT AMOUNT** The AD&D Principal Sum amount is equal to the amount of basic term life insurance.

## PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	100%	258	Non-Contributory

COST SUMMARY	Number of Lives	Total Monthly Volume	Monthly Rate	Total Monthly Premium	Total Annual Premium
Employee Term Life	258	\$12,780,000	\$0.13/\$1,000	\$1,661.40	\$19,936.80
Employee AD&D	258	\$12,780,000	\$0.02/\$1,000	\$255.60	\$3,067.20
<b>Total</b>	--	--	--	<b>\$1,917.00</b>	<b>\$23,004.00</b>

**RATE GUARANTEE** 2 Years

**RATE GUARANTEE DATE** 01/01/2026

## ADDITIONAL BENEFITS

<b>WAIVER OF PREMIUM - DISABILITY</b>	<ul style="list-style-type: none"> <li>▪ <b>Definition of Disability</b> - Any Occupation</li> <li>▪ <b>Elimination Period</b> - 6 months</li> <li>▪ <b>Termination</b> - SSNRA</li> </ul>
<b>LIVING CARE BENEFIT</b>	80% to \$40,000
<b>LAYOFF/LEAVE</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary Layoff</b> - 12 weeks</li> <li>▪ <b>Personal Leave</b> - 12 weeks</li> </ul>
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.
<b>TRAVEL ASSISTANCE</b>	Included
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	<b>Enhanced with 3 face to face visit(s)</b> – An in-house team of master’s level EAP professionals are available 24/7/365 to provide individual assessments. Employees may substitute a face to face session for a legal or financial referral. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience. Online there 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. For CA residents, face to face visits are limited to three in a six month period.
<b>AD&amp;D</b>	24 hour coverage for employees
<b>AD&amp;D BENEFITS</b>	<ul style="list-style-type: none"> <li style="width: 33%;">- Seat Belt</li> <li style="width: 33%;">- Spouse Education</li> <li style="width: 33%;">- Common Carrier</li> <li style="width: 33%;">- Airbag</li> </ul>
<b>CONVERSION</b>	Included



# BASIC TERM LIFE AND AD&D INSURANCE

**Proposal for:** City of Alabaster AL

**Alternate:** 1.02

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week

## BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
	\$75,000	\$75,000	\$75,000	\$75,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE*	At Age	Benefits Reduce to:
	65	65%
	70+	50%

\* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

<b>EMPLOYEE AD&amp;D BENEFIT AMOUNT</b>	The AD&D Principal Sum amount is equal to the amount of basic term life insurance.
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## PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	100%	258	Non-Contributory

COST SUMMARY	Number of Lives	Total Monthly Volume	Monthly Rate	Total Monthly Premium	Total Annual Premium
Employee Term Life	258	\$19,170,000	\$0.14/\$1,000	\$2,683.80	\$32,205.60
Employee AD&D	258	\$19,170,000	\$0.02/\$1,000	\$383.40	\$4,600.80
<b>Total</b>	--	--	--	<b>\$3,067.20</b>	<b>\$36,806.40</b>

**RATE GUARANTEE** 2 Years

**RATE GUARANTEE DATE** 01/01/2026

## ADDITIONAL BENEFITS

<b>WAIVER OF PREMIUM - DISABILITY</b>	<ul style="list-style-type: none"> <li>▪ <b>Definition of Disability</b> - Any Occupation</li> <li>▪ <b>Elimination Period</b> - 6 months</li> <li>▪ <b>Termination</b> - SSNRA</li> </ul>
<b>LIVING CARE BENEFIT</b>	80% to \$60,000
<b>LAYOFF/LEAVE</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary Layoff</b> - 12 weeks</li> <li>▪ <b>Personal Leave</b> - 12 weeks</li> </ul>
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.
<b>TRAVEL ASSISTANCE</b>	Included
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	<b>Enhanced with 3 face to face visit(s)</b> – An in-house team of master’s level EAP professionals are available 24/7/365 to provide individual assessments. Employees may substitute a face to face session for a legal or financial referral. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience. Online there 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. For CA residents, face to face visits are limited to three in a six month period.
<b>AD&amp;D</b>	24 hour coverage for employees
<b>AD&amp;D BENEFITS</b>	<ul style="list-style-type: none"> <li style="width: 33%;">- Seat Belt</li> <li style="width: 33%;">- Spouse Education</li> <li style="width: 33%;">- Common Carrier</li> <li style="width: 33%;">- Airbag</li> </ul>
<b>CONVERSION</b>	Included



# VOLUNTARY TERM LIFE INSURANCE

**Proposal for:** City of Alabaster AL

**Alternate:** 1.03

The following Voluntary Term Life plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week

## BENEFIT SUMMARY

EMPLOYEE BENEFIT AMOUNTS	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount*
		\$10,000	5X Annual Salary, up to \$500,000	\$10,000

\*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.

BENEFIT REDUCTION SCHEDULE**	At Age	Benefits Reduce to:
	65	65%
	70+	50%

\*\* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement. The Guarantee Issue Amount is reduced according to the reduction schedule.

DEPENDENT SPOUSE BENEFIT AMOUNTS***	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
		\$5,000	100% of Employee's Benefit, up to \$250,000	\$5,000

\*\*\* Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 70.

DEPENDENT CHILD BENEFIT AMOUNTS	Minimum Benefit	Maximum Benefit	Increments	Guarantee Issue Amount
		\$1,000	\$10,000	\$1,000

## PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
		25%	258



## PARTICIPATION AND COST SUMMARY (CONT'D)

### COST SUMMARY\*

Voluntary Term Life

Age Band	Employee & Spouse Rate per \$1,000	All Children Rate per \$1,000
<25	\$0.06	\$0.12
25 - 29	\$0.06	
30 - 34	\$0.07	
35 - 39	\$0.10	
40 - 44	\$0.16	
45 - 49	\$0.26	
50 - 54	\$0.47	
55 - 59	\$0.68	
60 - 64	\$0.95	
65 - 69	\$1.60	
70 - 74	\$2.75	
75 - 79	\$2.75	
80 - 84	\$2.75	
85 - 89	\$2.75	
90 - 100	\$2.75	

\* This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).

### PACKAGE PRICING

The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

### RATE GUARANTEE

2 Years

### RATE GUARANTEE DATE

01/01/2026

## ADDITIONAL BENEFITS

### OPEN ENROLLMENT

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information.

### WAIVER OF PREMIUM - DISABILITY

- **Definition of Disability** - Any Occupation
- **Elimination Period** - 6 months
- **Termination** - SSNRA

### ANNUAL INCREASE OPTION

Once annually, the employee/member may increase their insurance amount by up to \$10,000 without providing health information.

### LIVING CARE BENEFIT

For employee and spouse, 80% to \$400,000

### PORTABILITY

Included

### LAYOFF/LEAVE

- **Temporary Layoff** - 12 weeks
- **Personal Leave** - 12 weeks

**CONTINUATION FOR  
FEDERAL AND STATE  
LAWS**

**Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**CONVERSION**

Included

# PREFERRED CHOICE VOLUNTARY SHORT-TERM DISABILITY INSURANCE



**Proposal for:** City of Alabaster AL  
**Alternate:** 2.00

The following Preferred Choice Voluntary Short-Term Disability plan is being proposed on a fully-insured basis effective 01/01/24. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week

## BENEFIT SUMMARY

	<b>Class 1</b>
<b>BENEFIT PERCENTAGE</b>	60%
<b>MAXIMUM BENEFIT</b>	\$1,000
<b>ACCIDENT ELIMINATION PERIOD</b>	14 days
<b>SICKNESS ELIMINATION PERIOD</b>	14 days
<b>ZERO DAY RESIDUAL</b>	Included
<b>OWN JOB DEFINITION</b>	Loss of duties and earnings
<b>BENEFIT DURATION</b>	11 weeks
<b>INTEGRATION</b>	Yes
<b>SS INTEGRATION METHOD</b>	Family
<b>SALARY CONT.</b>	Full
<b>STATE DISABILITY PLAN</b>	Yes
<b>OFFSET</b>	Yes
<b>PFL OFFSET</b>	Yes
<b>PRE-EXISTING CONDITION</b>	3/6
<b>MINIMUM BENEFIT</b>	\$25

## PARTIAL DISABILITY

	<b>Class 1</b>
<b>EARNINGS TEST %</b>	99% (Mutually Progressive Partial)
<b>PARTIAL DISABILITY FORMULA</b>	Mutually Progressive Partial

## PARTICIPATION AND COST SUMMARY

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation</b>	<b>Number of Eligible Employees</b>	<b>Contribution Structure</b>
	15%	258	100% employee paid

## PARTICIPATION AND COST SUMMARY (CONT'D)

<b>COST SUMMARY</b>	<b>Monthly Rate (Per \$10 of Weekly Benefit)</b>
Preferred Choice Voluntary STD	\$0.65

**PACKAGE PRICING** The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

**RATE GUARANTEE** 2 Years

**RATE GUARANTEE DATE** 01/01/2026

## ADDITIONAL BENEFITS

**DEFINITION OF WEEKLY EARNINGS** Earnings Just Prior to Disability, Annual Salary

**OPEN ENROLLMENT** A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount without providing health information.

**ANNUAL OPEN ENROLLMENT** An open enrollment is available for a period of up to 90 days each Policy Year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount without providing health information.

**PORTABILITY** Included, a continuation option is available

**VOC REHAB INCENTIVE** 5%

**REASONABLE ACCOMMODATION BENEFIT** 100%, up to \$1,000

**WAIVER OF PREMIUM** Included

**LAYOFF/FURLOUGH/LEAVE**

- **Temporary Layoff** - Not Included
- **Furlough** - Not Included
- **Personal Leave** - Not Included

**CONTINUATION FOR FEDERAL AND STATE LAWS** **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

**FICA PAYMENT** The employer will deposit their portion of any applicable FICA tax with the IRS.

**W-2 PREPARATION** Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.



# VOLUNTARY LONG-TERM DISABILITY INSURANCE

*Proposal for:* City of Alabaster AL

*Alternate:* 3.00

The following Voluntary Long-Term Disability plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT</b>	This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week

## BENEFIT SUMMARY

	<b>Class 1</b>
<b>BENEFIT PERCENTAGE</b>	60%
<b>MAXIMUM BENEFIT</b>	\$5,000
<b>GUARANTEE ISSUE</b>	\$5,000
<b>ELIMINATION PERIOD</b>	90 days
<b>ACCUMULATION PERIOD</b>	180 days
<b>ZERO DAY RESIDUAL</b>	Included
<b>OWN OCC DEFINITION</b>	24 months
<b>BENEFIT DURATION</b>	RBD to SSNRA
<b>INTEGRATION</b>	Family
<b>PRE-EXISTING CONDITION</b>	12/12
<b>MENTAL DISORDERS</b>	24 months - Lifetime
<b>DRUG &amp; ALCOHOL</b>	24 months - Lifetime
<b>MINIMUM BENEFIT</b>	\$100 or 10%

## PARTIAL DISABILITY

	<b>Class 1</b>
<b>EARNINGS TEST %</b>	99% during the Own Occ period, then 85% thereafter
<b>PARTIAL DISABILITY FORMULA</b>	Mutually Progressive Partial; Family Care
<b>WORK INCENTIVE</b>	To end of the maximum benefit period

## PARTICIPATION AND COST SUMMARY

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation</b>	<b>Number of Eligible Employees</b>	<b>Contribution Structure</b>
	25%	258	100% employee paid

<b>COST SUMMARY*</b>	<b>Age Band</b>	<b>Monthly Rate (Per \$100 of Monthly Covered Payroll)</b>
<b>VOLUNTARY LTD</b>	<20	\$0.22

**COST SUMMARY\*****VOLUNTARY LTD**

Age Band	Monthly Rate (Per \$100 of Monthly Covered Payroll)
20 - 24	\$0.22
25 - 29	\$0.22
30 - 34	\$0.37
35 - 39	\$0.62
40 - 44	\$0.90
45 - 49	\$1.25
50 - 54	\$1.71
55 - 59	\$2.00
60 - 64	\$1.95
65 - 69	\$1.50
70 - 99	\$1.50

\* Rates are calculated based on the employee's current age on the effective date of the plan. Rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

**PACKAGE PRICING**

The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

**RATE GUARANTEE**

2 Years

**RATE GUARANTEE DATE**

01/01/2026

## ADDITIONAL BENEFITS

**DEFINITION OF MONTHLY EARNINGS**

Earnings Just Prior to Disability, Annual Salary

**VOC REHAB INCENTIVE**

5%

**REASONABLE ACCOMMODATION BENEFIT**

100%, up to \$5,000

**OPEN ENROLLMENT**

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount without providing health information.

**RECURRENT DISABILITY**

6 months

**SURVIVOR BENEFIT**

3 months

**LAYOFF/FURLOUGH/LEAVE**

- **Temporary Layoff** - Not Included
- **Furlough** - Not Included
- **Personal Leave** - Not Included

**CONTINUATION FOR FEDERAL AND STATE LAWS**

**Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

**WAIVER OF PREMIUM**

Included

**PORTABILITY**

Included, a continuation option is available

**FICA PAYMENT**

If FICA tax is applicable, we will pay the employer's share of the FICA. This optional service has been included in the premium rates.

**W-2 PREPARATION**

Mutual of Omaha will prepare IRS Form W-2 for each employee who receives benefits under the policy.



# VOLUNTARY CRITICAL ILLNESS INSURANCE

**Proposal for:** City of Alabaster AL  
**Alternate:** 7.00

The following Voluntary Critical Illness plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

**CLASS DEFINITION(S)**      **Class 1:** All Eligible Full Time Employees

**ELIGIBILITY REQUIREMENT(S)**      An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.

For California residents, an employee/member and any dependent(s) must have major medical insurance, or basic hospital and basic medical insurance, to be eligible for critical illness insurance.

**MINIMUM WORK HOURS**      **Class 1:** 30 or more hours each week

## AMOUNT(S) OF INSURANCE

**CRITICAL ILLNESS (CI)**      The CI insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	Minimum Amount	Maximum Amount	Increments	Guarantee Issue Amount*
Employee/Member	\$5,000	\$30,000	\$5,000	\$30,000
Spouse	\$5,000	100% of employee/member benefit amount, up to \$30,000**	\$5,000	\$30,000
All Children†	50% of employee/member benefit, up to \$10,000**			\$10,000

\*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded. The Guarantee Issue Amount for any employee/member or spouse age 70 and older is 50% of the amount shown above.

\*\*The amount of insurance for any dependent will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

†Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

**INSURANCE REDUCTION DUE TO AGE**      Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70. The reduction is applied on the first day of the month that coincides with or follows the day the employee/member reaches the specified age. Reduced amounts of insurance round to the nearest dollar.

## CRITICAL ILLNESS BENEFITS

**BASIC BENEFITS**      A lump-sum benefit is payable for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation.

The CI insurance amount is referred to as the CI Principal Sum in the table below. For some critical illnesses, 100% of the CI Principal Sum is payable, and for others, a partial benefit (a lesser percentage of the CI Principal Sum) is payable.



100% of the CI Principal Sum is payable for an insured person in each benefit category, subject to any policy benefit maximum. If a partial benefit is paid, the remainder of the CI Principal Sum will be available to an insured person if diagnosed with another critical illness in the same category.

BENEFIT CATEGORY/CRITICAL ILLNESS	BENEFIT
<b>Heart/Circulatory/Motor Function Category</b>	
Heart Attack (Myocardial Infarction)	100% of the CI Principal Sum
Heart Transplant/Placement on UNOS List	100% of the CI Principal Sum
Heart Valve Surgery	25% of the CI Principal Sum
Coronary Artery Bypass	25% of the CI Principal Sum
Aortic Surgery	25% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
ALS (Lou Gehrig's) Disease*	100% of the CI Principal Sum
Advanced Alzheimer's Disease*	100% of the CI Principal Sum
Advanced Parkinson's Disease*	100% of the CI Principal Sum
<b>Organ Category</b>	
Major Organ Transplant/Placement on UNOS List	100% of the CI Principal Sum
End-Stage Renal Failure	100% of the CI Principal Sum
Acute Respiratory Distress Syndrome (ARDS)	25% of the CI Principal Sum
<b>Childhood/Developmental Category</b> (These benefits are available to children only.)	
Cerebral Palsy*	100% of the CI Principal Sum
Structural Congenital Defects*	100% of the CI Principal Sum
Genetic Disorders*	100% of the CI Principal Sum
Congenital Metabolic Disorders*	100% of the CI Principal Sum
Type 1 Diabetes*	100% of the CI Principal Sum
<b>Cancer Category</b>	
Cancer (Invasive)	100% of the CI Principal Sum
Bone Marrow Transplant	50% of the CI Principal Sum
Carcinoma in Situ	25% of the CI Principal Sum
Benign Brain Tumor	25% of the CI Principal Sum

\*A benefit for this critical illness is only payable once per insured person under the policy.

**BENEFIT SEPARATION PERIOD**

**3 months** – If an insured person who was diagnosed with a critical illness in one benefit category is subsequently diagnosed with a critical illness in a different benefit category, the dates of diagnosis must be separated by 3 months or more for subsequent benefits to be payable. There is no benefit separation period between critical illnesses diagnosed within the same benefit category.

**ADDITIONAL CATEGORY OCCURRENCE BENEFIT**

**Included** – This benefit allows an insured person to receive up to 200% of the CI Principal Sum in the Heart/Circulatory/Motor Function and Organ Categories, subject to any policy benefit maximum. An additional benefit is only payable if the date of diagnosis for an additional critical illness occurs at least 6 months after the date of diagnosis of a previous critical illness for the insured person in the same Benefit Category for which benefits were paid.

**REOCCURRENCE BENEFIT**

**100%** – Once benefits have been paid for a critical illness for an insured person, a reoccurrence benefit is payable one time for a subsequent diagnosis of that same critical illness. The amount of the reoccurrence benefit is the benefit shown in the table above for the reoccurring critical illness, subject to any policy benefit maximum.

A reoccurrence benefit for an insured person is only payable if the initial and subsequent dates of diagnosis for the same critical illness occur at least 12 months apart without treatment. Benefits for some critical illnesses are only payable once per insured person, as indicated in the table above.

**HEALTH SCREENING BENEFIT**

**\$50** – A health screening benefit of \$50 is payable once per calendar year for each insured person who has a health screening test performed while insurance is in effect for the insured person.

**POLICY BENEFIT MAXIMUM**

**200%** – The total amount of benefits payable for each insured person is subject to a benefit maximum of 200% of the CI Principal Sum in effect for the insured person. If the benefits paid for an insured person reach the benefit maximum, insurance for the insured person will terminate. Insurance for any other insured persons will remain in effect, subject to this maximum. If insurance terminates for the employee/member, any dependent(s) may remain insured provided the employee/member continues to satisfy the eligibility requirements.

**PRE-EXISTING  
CONDITION LIMITATION**

**6/12** – Benefits are not payable for any critical illness caused by, attributable to or resulting from a pre-existing condition until 12 months after an insured person is continuously insured. A pre-existing condition includes any critical illness for which an insured person received treatment in the 6 months prior to the date the person became insured. This limitation does not apply to newborn child(ren).

**ADDITIONAL BENEFITS AND FEATURES**

**OPEN ENROLLMENT**

A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance.

**PORTABILITY**

**Included** – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha’s group critical illness portability policy.

**ANNUAL OPEN  
ENROLLMENT**

**Included** – Once annually, employees/members may enroll for insurance up to the Guarantee Issue amount without providing evidence of insurability.

**CONTINUATION FOR  
TEMPORARY LAYOFF**

**12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**CONTINUATION FOR  
LEAVE OF ABSENCE**

**12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**CONTINUATION FOR  
FEDERAL AND STATE  
LAWS**

**Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**PARTICIPATION AND PREMIUM STRUCTURE**

**PARTICIPATION  
ASSUMPTIONS**

Minimum Participation Requirement*	Number of Eligible Employees/Members	Contribution Structure
5%	258	100% Employee/Member Paid

\*Guarantee Issue is only available if the minimum participation requirement is met. If participation does not reach the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

**PREMIUM  
CONTRIBUTIONS -  
CLASS 1**

The employee/member contributes 100% of the premium for the employee and any dependent insurance (if elected). Child insurance is automatic. A separate premium is not required.

**CRITICAL ILLNESS  
PREMIUM RATES**

Age Band	Employee/Member* Monthly Rates per \$1,000
<30	\$0.26
30 - 39	\$0.46
40 - 49	\$1.02

**CRITICAL ILLNESS  
PREMIUM RATES**

Age Band	Employee/ Member* Monthly Rates per \$1,000
50 - 59	\$2.24
60 - 69	\$4.80
70 - 79	\$8.97
80 - 99	\$12.24

\*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee/member reaches the starting age of the next age band.

†Child insurance is automatic. A separate premium is not required.

**RATE GUARANTEE PERIOD** 2 Years

**RATE GUARANTEE DATE** 01/01/2026

**CRITICAL ILLNESS UNDERWRITING GUIDELINES**

**BENEFIT AMOUNT GRANDFATHERING** **Not Included** – Any amount of insurance in excess of any flat benefit amount or maximum benefit amount (as applicable) stated in this proposal for each Class is not available, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

**GUARANTEE ISSUE** This proposal includes a Guarantee Issue offer for critical illness insurance, contingent on attainment of the minimum participation requirement. The Guarantee Issue offer is available during any initial enrollment period, and thereafter for any new hires or as allowed by the policy. If the minimum participation requirement is not attained, the Guarantee Issue offer may be reduced or rescinded, and Simplified Issue applications may be required from each employee/member requesting insurance.

**GUARANTEE ISSUE AMOUNT GRANDFATHERING** **Not Included** – Any amount of insurance in excess of any Guarantee Issue Amount stated in this proposal for each Class requires evidence of insurability, regardless of the amount of insurance any employee/member or dependent was insured for under a prior plan.

**SIMPLIFIED ISSUE** A Simplified Issue application, consisting of several “Yes/No” health questions, will be used to underwrite critical illness insurance for late entrants and requests for insurance in excess of any Guarantee Issue Amount.

If an employee/member responds “Yes” to any question on the Simplified Issue application for the employee/member or any dependent, the requested amount of insurance may be reduced to the Guarantee Issue Amount, if available (knock-back). If Guarantee Issue is not available for the employee/member or any dependent, a “Yes” response to any question may result in a decline of coverage (knock-out). Based on the amount of critical illness insurance requested, Mutual of Omaha may further underwrite an application with a pharmacy scan and/or medical exam.

If Guarantee Issue is available, the Simplified Issue application questions can optionally be included with the enrollment form, to simplify the enrollment process and avoid the need to provide or obtain a separate application later in the implementation process. *If meeting the minimum participation requirement is a concern, this approach is strongly recommended.* The responses to the questions would be utilized to underwrite the enrollment up to the previous Guarantee Issue Amount(s) only if participation is not met. Any request for insurance in excess of any Guarantee Issue Amount would still be underwritten.



# VOLUNTARY HOSPITAL INDEMNITY INSURANCE

**Proposal for:** City of Alabaster AL

**Alternate:** 12.00

The following Voluntary Hospital Indemnity plan is being proposed on a fully-insured basis effective **01/01/2024**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DESCRIPTION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT(S)</b>	An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.  Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week
<b>INSURANCE TERMINATION DUE TO AGE</b>	<b>Class 1:</b> Insurance for the employee/member and any dependents terminates when the employee/member reaches age 80.
<b>CHILD ELIGIBILITY AGES</b>	Child coverage begins at birth and terminates at age 26 unless the child is incapacitated. Please review each plan design for dependent child coverage.
<b>PRE-EXISTING CONDITION LIMITATION</b>	If an employee waives coverage during their initial enrollment and enrolls in a subsequent open enrollment they will be subject to a <b>12/12</b> pre-existing condition limitation. Benefits are not payable for any injury or sickness, caused by attributable to or resulting from a pre-existing condition until 12 months after an insured person is continuously insured. A pre-existing condition includes any injury or sickness for which an insured person received treatment in the 12 months prior to the date the person became insured. This limitation does not apply to newborn children.

## BENEFITS

Benefits described in this proposal will only be payable if treatment for injury or sickness occurs on or after the insured person's coverage effective date and while the policy is in-force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions, and other provisions of the certificate. This is 24-hour coverage (on and off-job). Maternity is included.

<b>Hospital Admission &amp; Confinement</b>	<b>Amount</b>
<b>Hospital Admission</b> —limited to a combined total of 1 admission per policy year. Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.	<b>Class 1</b>
Hospital Admission	\$1,000 per admission
ICU Admission	\$2,000 per admission
<b>Hospital Confinement</b> —limited to a combined total of 30 days per policy year. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.	<b>Class 1</b>
Daily Hospital Confinement	\$100 per day
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement	\$75 per day, up to 2 days per policy year
<b>Additional Benefits</b>	<b>Amount</b>
	<b>Class 1</b>
Health Screening Benefit	\$50; 1 time per insured person per calendar year; up to 6 per family per calendar year

Express Benefit (equal to one daily hospital confinement benefit)	\$100 per hospital admission
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*The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for “a fixed amount per day (or other period) of hospitalization.” Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.*

## FEATURES

<b>OPEN ENROLLMENT</b>	A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health insurance.
<b>ANNUAL OPEN ENROLLMENT</b>	An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.
<b>PORTABILITY</b>	<b>Included</b> – Portability allows an employee/member and their eligible dependents to apply for Mutual of Omaha’s group hospital indemnity portability policy when insurance ends under the policyholder’s group policy. An employee/member electing to port coverage becomes responsible for premium payments. The employee/member and their eligible dependents must be insured under the policyholder’s group policy for at least 6 months and be under the age of 70 to be eligible to apply for portability (unless otherwise stated in the policy). The portability policy will not terminate when the policyholder’s master policy terminates.
<b>CONTINUATION FOR TEMPORARY LAYOFF</b>	<b>12 Weeks</b> – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
<b>CONTINUATION FOR TEMPORARY FURLOUGH</b>	<b>12 Weeks</b> – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary furlough. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
<b>CONTINUATION FOR LEAVE OF ABSENCE</b>	<b>12 Weeks</b> – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.
<b>CONTINUATION FOR FEDERAL AND STATE LAWS</b>	<b>Included</b> – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff, or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member. This provision applies to employer and union groups only, subject to certain conditions.

## PARTICIPATION AND PREMIUM

<b>PARTICIPATION ASSUMPTIONS</b>	<b>Minimum Participation Requirement</b>	<b>Number of Eligible Employees/Members</b>	<b>Contribution Structure</b>
	5%	258	100% Employee/Member Paid

**HOSPITAL INDEMNITY  
MONTHLY PREMIUM  
RATES**

	<b>Employee/Member</b>	<b>Employee/Member + Spouse</b>	<b>Employee/Member + Child(ren)</b>	<b>Employee/Member + Family</b>
<b>Class 1</b>	\$17.87	\$41.10	\$24.66	\$49.32

**RATE GUARANTEE PERIOD** 2 years

**RATE GUARANTEE DATE** 01/01/2026



# VOLUNTARY ACCIDENT INSURANCE

**Proposal for:** City of Alabaster AL

**Alternate:** 8.00

The following Voluntary Accident plan is being proposed on a fully-insured basis effective **01/01/24**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit [mutualofomaha.com](http://mutualofomaha.com).

## ELIGIBILITY

<b>CLASS DEFINITION(S)</b>	<b>Class 1:</b> All Eligible Full Time Employees
<b>ELIGIBILITY REQUIREMENT(S)</b>	An employee/member must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.  Provided an employee/member is eligible and insured, the spouse and dependent child(ren) of the employee/member are eligible for insurance. Certain requirements apply.
<b>MINIMUM WORK HOURS</b>	<b>Class 1:</b> 30 or more hours each week
<b>INSURANCE TERMINATION DUE TO AGE</b>	<b>Class 1:</b> Insurance for the employee/member terminates at age 80. If insurance for the employee/member terminates due to age, insurance for any dependents also terminates.
<b>CHILD ELIGIBILITY AGES</b>	Child coverage begins at birth and terminates at age 26 unless the child is incapacitated.

## ACCIDENT INSURANCE

<b>COVERAGE TIER</b>	<b>Class 1:</b> The employee/member may elect one of the following coverage options: <ul style="list-style-type: none"> <li>▪ Employee/member only</li> <li>▪ Employee/member and spouse</li> <li>▪ Employee/member and dependent children</li> <li>▪ Employee/member, spouse and dependent children</li> </ul>
<b>COVERAGE TYPE</b>	<b>Class 1:</b> Non-occupational coverage (Off-job only)
<b>EXPRESS BENEFIT</b>	<b>Class 1:</b> \$100  If an insured person is injured as a result of an accident, an express benefit will be paid upon notification of the accident. The benefit is payable once per accident for each insured person.

## ACCIDENT BENEFITS

**INITIAL CARE & EMERGENCY BENEFITS** Most Initial Care/Emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

Benefit	Amount
<b>Initial Care</b>	<b>Class 1</b>
Emergency Room	\$300
Urgent Care Center	\$225
Initial Physician Office Visit	\$100
<b>Emergency Transportation</b>	<b>Class 1</b>
Ground Ambulance	\$300
Air Ambulance	\$1,500

**SPECIFIED INJURY  
BENEFITS**

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.

If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

Additional limitations apply as described in the policy.

<b>Fractures</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>
<b>Bone/Bone Group</b>	<b>Class 1</b>	
Skull, depressed (Cranial bones)	\$9,000	\$4,500
Skull, non-depressed (Cranial bones)	\$4,500	\$2,250
Bones of face (Except nose and lower jaw)	\$1,800	\$900
Nose (Nasal bones)	\$1,350	\$675
Lower jaw (Mandible)	\$1,800	\$900
Shoulder blade (Scapula)	\$1,800	\$900
Collarbone (Clavicle)	\$1,350	\$675
Breastbone (Sternum)	\$1,800	\$900
Rib	\$1,350	\$675
Upper arm (Humerus)	\$1,800	\$900
Forearm (Radius and/or ulna)	\$1,800	\$900
Wrist (Carpals)	\$1,800	\$900
Hand (Metacarpals, except fingers)	\$1,800	\$900
Fingers (Phalanges)	\$400	\$200
Vertebral body (Except vertebral processes)	\$4,500	\$2,250
Vertebral process	\$1,800	\$900
Tail bone (Coccyx)	\$1,350	\$675
Pelvis (Except tail bone and hip bones)	\$4,500	\$2,250
Hip bones (Ilium, ischium and/or pubis)	\$8,000	\$4,000
Thigh (Femur)	\$4,500	\$2,250
Knee cap (Patella)	\$1,800	\$900
Lower leg (Tibia and/or fibia)	\$4,500	\$2,250
Ankle (Talus)	\$1,800	\$900
Foot (Metatarsals and calcaneus, except toes)	\$1,800	\$900
Toes (Phalanges)	\$400	\$200
Chip Fracture	25% of the closed reduction amount for the bone/bone group	
<b>Dislocations</b>	<b>Open Reduction</b>	<b>Closed Reduction</b>
<b>Joint/Joint Group</b>	<b>Class 1</b>	
Lower jaw (Temporomandibular)	\$2,100	\$1,050
Shoulder (Glenohumeral)	\$2,100	\$1,050
Collarbone and breastbone (Sternoclavicular)	\$2,100	\$1,050
Elbow	\$2,100	\$1,050
Wrist (Radiocarpal and/or intercarpal)	\$2,100	\$1,050
Hand (Carpometacarpal and/or intrametacarpal)	\$2,100	\$1,050
Fingers (Interphalangeal and/or metacarpophalangeal)	\$500	\$250
Hip	\$10,000	\$5,000
Kneecap (Patella)	\$5,500	\$2,750
Ankle (Talocalcaneal and/or talocalcaneonavicular)	\$3,600	\$1,800
Foot (Tarsometatarsal and/or intermetatarsal)	\$3,600	\$1,800
Toes (Interphalangeal and/or metatarsalphalangeal)	\$500	\$250



Partial Dislocation	25% of the closed reduction amount for the joint/joint group
<b>Other Injuries</b>	<b>Amount</b>
<b>Lacerations</b>	<b>Class 1</b>
Less than 2 inches	\$250
2 inches to 6 inches	\$550
Greater than 6 inches	\$900
No repair required	\$125
<b>Burns</b>	<b>Class 1</b>
2nd degree <= 9% TBSA	\$300
2nd degree 10 - 36% TBSA	\$250
2nd degree > 36% TBSA	\$2,000
3rd degree < 18% TBSA	\$3,500
3rd degree 18 - 36% TBSA	\$10,000
3rd degree > 36% TBSA	\$20,000
Skin Graft (% of burn benefit)	50%
<i>Note: "TBSA" is an acronym for "total body surface area."</i>	
<b>Dental Care</b>	<b>Class 1</b>
Crown or Filling Repair	\$300
Extraction	\$125

**HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS**

Initial hospital admission and confinement must begin within 90 days of an accident. ICU confinement must begin within 30 days of an accident. Surgical treatment timeframes vary by the type of surgery. Diagnostic services, except for X-Ray, must be received within 30 days of an accident. X-Ray services must be received within 90 days. Except for confinement benefits, most benefits are payable once per accident per insured person.

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

<b>Benefit</b>	<b>Amount</b>
<b>Hospital</b>	<b>Class 1</b>
Admission	\$1,500
Daily Confinement (Up to 365 days per accident)	\$300 per day
ICU Confinement (Up to 15 days per accident)	\$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$200 per day
<b>Surgical</b>	<b>Class 1</b>
Exploratory/Arthroscopic (365 days)	\$600
Abdominal/Cranial/Thoracic (365 days)	\$3,500
Herniated Disc (365 days)	\$1,800
Torn Knee Cartilage (365 days)	\$1,000
Ligament/Rotator Cuff/Tendon (365 days)	\$1,000
Eye Procedure (90 days)	\$400
Blood Products (90 days)	\$450
Pain Management (90 days)	\$350
<b>Diagnostic</b>	<b>Class 1</b>
X-Ray	\$75
Diagnostic Exam	\$300
Brain Injury Diagnosis	\$300

**FOLLOW-UP CARE BENEFITS**

Follow-Up Care benefits require treatment or service within 365 days of an accident. The number of benefits varies by the type of follow-up care. The medical device benefit is payable once per accident per insured person.

<b>Benefit</b>	<b>Amount</b>
	<b>Class 1</b>

Physician Follow-Up Office Visit (Up to 6 per accident)	\$150
Therapy Services (Up to 6 per accident)	\$75
Medical Device	\$300
Prosthetic Device(s) (Up to 2 per accident)	\$1,250

**ADDITIONAL BENEFITS** Additional benefits are payable within 365 days of an accident. The number of benefits varies by type of additional benefit.

Benefit	Amount
	<b>Class 1</b>
Transportation (Up to 3 trips per accident)	\$400 per trip
Lodging (Up to 30 nights per accident)	\$200 per night
Childcare (Up to 30 days per accident)	\$30 per day
Health Screening	\$50

## CATASTROPHIC BENEFITS

**PRINCIPAL SUM AMOUNT** The amount of catastrophic insurance is referred to as the principal sum.

**Class 1:** The principal sum for the employee/member and spouse reduces by 50% when the employee/member reaches the age of 70.

The benefit amounts shown below are a percentage of the principal sum for an insured person, unless otherwise stated. Catastrophic benefits are payable within 365 days of an accident and are payable once per accident per insured person. Additional limitations apply as described in the policy.

Benefit	Amount
<b>Accidental Death</b>	<b>Class 1</b>
Principal Sum	
▪ Employee	\$50,000
▪ Spouse	\$25,000
▪ Child(ren)	\$10,000
Basic Accidental Death	100%
Common Carrier Accidental Death	200%
Transportation of Remains	Up to \$5,000
<b>Dismemberment &amp; Paralysis</b>	<b>Class 1</b>
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%
Loss of Speech and Loss of Hearing (Both ears)	100%
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of Multiple Fingers or Loss of Multiple Toes	10%
Quadriplegia (Paralysis of both upper and both lower limbs)	100%
Triplegia (Paralysis of three limbs)	75%
Hemiplegia (Paralysis of an upper and a lower limb)	50%
Paraplegia (Paralysis of both lower limbs)	50%
Uniplegia (Paralysis of a limb)	25%
<b>Other Benefits</b>	<b>Class 1</b>
Reasonable Modifications	Up to 10%
Coma	50%

## ADDITIONAL BENEFITS AND FEATURES

**OPEN ENROLLMENT** A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without

**ANNUAL OPEN ENROLLMENT** providing health insurance. An open enrollment is available for a period of up to 90 days each Policy Year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents without providing health information.

**PORTABILITY** **Included** – An employee/member or spouse has the right to continue insurance (including insurance for any dependent child(ren)) when insurance ends with the policyholder by paying premium directly to Mutual of Omaha. The employee/member or spouse must be under age 70 to be eligible to continue insurance through portability (unless otherwise stated in the Policy). Continued insurance is issued under Mutual of Omaha’s group accident portability policy.

**CONTINUATION FOR TEMPORARY LAYOFF - CLASS 1** **12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a temporary involuntary layoff. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**CONTINUATION FOR LEAVE OF ABSENCE - CLASS 1** **12 Weeks** – An employee/member may be able to continue insurance if the employee/member ceases to be actively working in the event of a personal leave of absence approved by the policyholder. Insurance may be continued for up to 12 weeks for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**CONTINUATION FOR FEDERAL AND STATE LAWS** **Included** – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee/member and any dependent(s). This provision applies to employer and union groups only, subject to certain conditions.

**PARTICIPATION AND PREMIUM STRUCTURE**

PARTICIPATION ASSUMPTIONS	Minimum Participation Requirement	Number of Eligible Employees/Members	Contribution Structure
	20%	258	100% Employee/Member Paid

ACCIDENT MONTHLY PREMIUM RATES	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
	Class 1	\$10.56	\$16.21	\$22.82

**RATE GUARANTEE PERIOD** 2 Years

**RATE GUARANTEE DATE** 01/01/2026



## REQUIREMENTS AND ASSUMPTIONS

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<b>SIC CODE</b>	9111
<b>SITUS STATE</b>	AL
<b>ACCEPTANCE</b>	This proposal is contingent upon Mutual of Omaha Home Office review and acceptance of the completed application for coverage. It is recommended that current coverage is not cancelled or dropped until notification of acceptance from Mutual of Omaha is received.
<b>PACKAGE PRICING</b>	The rates and benefits in this proposal assume package pricing. The rates and/or benefits are subject to change if one or more coverages are not selected by the employer.
<b>LIMITATIONS &amp; STANDARD CONTRACT NOTICE</b>	<p>This proposal is subject to Mutual of Omaha's standard product terms, limitations, and exclusions. Additionally, this proposal requires use of standard system-compatible benefits and contract provisions. Applicable federal and state mandates are added at issuance.</p> <p>This proposal also assumes that all employees/members reside in the situs state of the group. If any employees/members reside outside of the situs state of the group, we must be notified of the number of employees/members by state during the implementation process so that all applicable state mandates can be accommodated.</p> <p>Please refer to a sample standard contract, certificate booklet and/or subscription agreement documents for additional information and detail, available upon request.</p>
<b>ERISA</b>	Each plan presented in this proposal is considered to be an employer-sponsored ERISA benefit plan. If it is determined that any plan presented in this proposal is not an ERISA benefit plan, Mutual of Omaha reserves the right to re-rate or otherwise adjust the proposed plan(s).
<b>PROPOSAL CONDITIONS</b>	<p>Mutual of Omaha reserves the right to re-rate or withdraw this proposal <i>prior</i> to the effective date if any of the following changes:</p> <ul style="list-style-type: none"><li>▪ SIC code</li><li>▪ Employer contributions</li><li>▪ Information regarding disabled or COBRA participants</li><li>▪ For groups that are experience rated - risk increases based on review of the current carrier's claims experience, including open or pended claims</li><li>▪ Demographics (age, gender, occupation, earnings, location and size)</li><li>▪ Plan participation - increase or decrease of 10% or more lives</li><li>▪ Laws, regulations, judicial and/or administrative orders and decisions affecting benefits, cost of administration, or cost of health care services</li><li>▪ If employees are residing in extraterritorial jurisdictions that were not otherwise disclosed</li><li>▪ Proposed effective date</li><li>▪ Benefits or eligibility</li><li>▪ Premium tax</li></ul> <p>On or after the effective date, Mutual of Omaha reserves the right to change rates or fees if there is a change in any factor listed above. In addition, Mutual of Omaha may change rates or fees any time after the most recent Rate Guarantee Date, provided at least 30 days advance notice of the rate or fee increase has been given to the group.</p>
<b>DEPENDENT NON-CONFINEMENT REQUIREMENT</b>	Coverage for dependents is subject to our non-confinement requirement and their ability to perform all the usual duties of a person who is of the same age and gender who is in good health.
<b>PROPOSAL EXPIRATION</b>	This proposal is good for 90 days after 08/04/2023, or the assumed effective date of the plan, whichever comes first.