

# VOLUNTARY ACCIDENT INSURANCE



*Proposal for:* Grant County  
*Alternate:* 8.00

The following Voluntary Accident plan is being proposed on a fully-insured basis effective **01/01/20**. 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 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> 20 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> 24-hour coverage (On and off-job)
<b>EXPRESS BENEFIT</b>	<b>Class 1:</b> \$75  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 365 days of an accident and are payable once per accident per insured person.

Benefit	Amount
<b>Initial Care</b>	<b>Class 1</b>
Emergency Room	\$150
Urgent Care Center	\$100
Initial Physician Office Visit	\$75
<b>Emergency Transportation</b>	<b>Class 1</b>
Ground Ambulance	\$200
Air Ambulance	\$1,000

**SPECIFIED INJURY  
BENEFITS**

Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 365 days of an accident. Dental care requires treatment within 365 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)	\$5,000	\$2,500
Skull, non-depressed (Cranial bones)	\$2,500	\$1,250
Bones of face (Except nose and lower jaw)	\$900	\$450
Nose (Nasal bones)	\$600	\$300
Lower jaw (Mandible)	\$900	\$450
Shoulder blade (Scapula)	\$900	\$450
Collarbone (Clavicle)	\$600	\$300
Breastbone (Sternum)	\$900	\$450
Rib	\$600	\$300
Upper arm (Humerus)	\$900	\$450
Forearm (Radius and/or ulna)	\$900	\$450
Wrist (Carpals)	\$900	\$450
Hand (Metacarpals, except fingers)	\$900	\$450
Fingers (Phalanges)	\$200	\$100
Vertebral body (Except vertebral processes)	\$2,500	\$1,250
Vertebral process	\$900	\$450
Tail bone (Coccyx)	\$600	\$300
Pelvis (Except tail bone and hip bones)	\$2,500	\$1,250
Hip bones (Ilium, ischium and/or pubis)	\$5,000	\$2,500
Thigh (Femur)	\$2,500	\$1,250
Knee cap (Patella)	\$900	\$450
Lower leg (Tibia and/or fibia)	\$2,500	\$1,250
Ankle (Talus)	\$900	\$450
Foot (Metatarsals and calcaneus, except toes)	\$900	\$450
Toes (Phalanges)	\$200	\$100
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)	\$1,200	\$600
Shoulder (Glenohumeral)	\$1,200	\$600
Collarbone and breastbone (Sternoclavicular)	\$1,200	\$600
Elbow	\$1,200	\$600
Wrist (Radiocarpal and/or intercarpal)	\$1,200	\$600
Hand (Carpometacarpal and/or intrametacarpal)	\$1,200	\$600
Fingers (Interphalangeal and/or metacarpophalangeal)	\$300	\$150
Hip	\$6,000	\$3,000
Kneecap (Patella)	\$3,000	\$1,500
Ankle (Talocalcaneal and/or talocalcaneonavicular)	\$1,800	\$900
Foot (Tarsometatarsal and/or intermetatarsal)	\$1,800	\$900
Toes (Interphalangeal and/or metatarsalphalangeal)	\$300	\$150

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	\$50
2 inches to 6 inches	\$300
Greater than 6 inches	\$600
No repair required	\$25
<b>Burns</b>	<b>Class 1</b>
2nd degree <= 9% TBSA	\$125
2nd degree 10 - 36% TBSA	\$250
2nd degree > 36% TBSA	\$1,000
3rd degree < 18% TBSA	\$1,500
3rd degree 18 - 36% TBSA	\$5,000
3rd degree > 36% TBSA	\$10,000
Skin Graft (% of burn benefit)	25%
<i>Note: "TBSA" is an acronym for "total body surface area."</i>	
<b>Dental Care</b>	<b>Class 1</b>
Crown or Filling Repair	\$200
Extraction	\$75

**HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS**

Initial hospital admission and confinement must begin within 90 days of an accident. ICU confinement must begin within 365 days of an accident. Surgical treatment timeframes vary by the type of surgery. Diagnostic services must be received within 365 days of an accident. 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	\$1,000
Daily Confinement (Up to 365 days per accident)	\$200 per day
ICU Confinement (Up to 15 days per accident)	\$400 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$100 per day
<b>Surgical</b>	<b>Class 1</b>
Exploratory/Arthroscopic (365 days)	\$150
Abdominal/Cranial/Thoracic (365 days)	\$1,500
Herniated Disc (365 days)	\$600
Torn Knee Cartilage (365 days)	\$500
Ligament/Rotator Cuff/Tendon (365 days)	\$500
Eye Procedure (365 days)	\$300
Blood Products (365 days)	\$300
Pain Management (365 days)	\$100
<b>Diagnostic</b>	<b>Class 1</b>
X-Ray	\$50
Diagnostic Exam	\$200
Brain Injury Diagnosis	\$150

**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)	\$75

Therapy Services (Up to 6 per accident)	\$25
Medical Device	\$100
Prosthetic Device(s) (Up to 2 per accident)	\$750

**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)	\$300 per trip
Lodging (Up to 30 nights per accident)	\$125 per night
Childcare (Up to 30 days per accident)	\$20 per day

## 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	\$75,000
▪ 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 providing health insurance.

**ANNUAL OPEN** An open enrollment is available for a period of up to 90 days each Policy Year. The first annual

**ENROLLMENT**

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
	10%	640	100% Employee/Member Paid

ACCIDENT MONTHLY PREMIUM RATES	Employee/Member	Employee/Member + Spouse	Employee/Member + Child(ren)	Employee/Member + Family
Class 1	\$16.74	\$25.44	\$27.80	\$38.90

**RATE GUARANTEE PERIOD** 3 Years

**RATE GUARANTEE DATE** 01/01/2023