# > Voluntary Critical Illness Insurance



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.

As an active employee of Karnack Independent School District, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

#### How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBL	E EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 20 hours per weel coverage.	r week to be eligible for	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to peractivities, and not be confined (at home, in a hospital, or in any facility), and any child(ren) must be under age 26. In order for and/or children to be eligible for coverage, you must elect coverage.	any other care for your spouse	
Premium Payment	The premiums for this insurance are paid in full by you. Child i automatic. A separate premium is not required.	d insurance is	
BENEFIT CATEGORY <sup>1</sup>	CONDITION	% OF CI PRINCIPAL SUM	
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%	
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%	

Organ	Major Organ Transp Renal Failure	lant/Placement on UNOS Lis	t, End-Stage	100%	
	Acute Respiratory D	istress Syndrome (ARDS)		25%	
Childhood/Developmental		ctural Congenital Defects, Ge	netic	100%	
*benefits only available to children		al Metabolic Disorders, Type			
Cancer	Cancer (Invasive)	· · · · · · · · · · · · · · · · · · ·		100%	
	Bone Marrow Transp	olant		50%	
	Carcinoma in Situ, E	Benign Brain Tumor		25%	
COVERAGE GUIDELINES <sup>2</sup>					
	MINIMUM	MAXIMUM	GUARA	GUARANTEE ISSUE <sup>3</sup>	
For You Elect in \$10,000 increments	\$10,000	\$20,000	\$20,000		
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$20,000	\$20,000		
Child(ren) *benefit for each child		s CI Principal Sum, up to \$10,000	\$10,000		
ADDITIONAL BENEFITS					
Policy Benefit Maximum	insured person. If the the coverage will ter	at amount is 400% of the CI Is a policy benefit maximum is a minate. Dependents will remarequirements of the policy.	reached for an	insured person,	
Health Screening Benefit		enefit of \$50 for a health screen	ening test		
Additional Occurrence Benefit	Once benefits have be payable for that same	een paid for a Critical Illness e Critical Illness for each insur r Critical Illness in the same b	, no additiona red person. B	senefits are still	
Reoccurrence Benefit	-	nefit is equal to 100% of the O	Tritical Illness	s principal sum	
Portability		s, you have the right to contin			
, <b>.</b>		If and your dependents.	ac group em	near miness	
CONDITIONS & LIMITATION	-	are the distriction of the distr			
Age Reductions		0, the original amount of insu	rance will re	duce to 50% for	
	both you and your sp	- · · · · · · · · · · · · · · · · · · ·			
Benefit Waiting Period	There is no benefit w	vaiting period.			
SERVICES					
Hearing Discount Program	products, including h	nt Program provides you and nearing aids and batteries. Calom/mutualofomaha to learn m	11-888-534-1	C	
Advocacy	condition access to s solving assistance in	_			

<sup>&</sup>lt;sup>1</sup>Payment of a partial benefit reduces the remaining amount payable in a category.

<sup>&</sup>lt;sup>2</sup>The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

<sup>&</sup>lt;sup>3</sup>Subject to any reductions, 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. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

### Voluntary Critical Illness Coverage Selection and Premium Calculation

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

## 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 Critical Illness section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$20,000 in coverage, you obtain your premium amount by multiplying the rate for \$10,000 times 2.

ILLNESS EMPLOYEE OR SPOUSE PREMIUM RATES				
(12 PAYROLL DEDUCTIONS PER YEAR)				
Age	\$10,000	\$20,000		
0 - 24	\$4.25	\$8.50		
25 - 29	\$5.24	\$10.48		
30 - 34	\$6.56	\$13.12		
35 - 39	\$8.97	\$17.94		
40 - 44	\$13.86	\$27.72		
45 - 49	\$21.26	\$42.52		
50 - 54	\$30.17	\$60.34		
55 - 59	\$41.10	\$82.20		
60 - 64	\$59.40	\$118.80		
65 - 69	\$82.81	\$165.62		
70 - 74	\$58.36	\$116.72		
75+	\$76.98	\$153.96		

VOLUNTARY CRITICAL

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

# > Frequently Asked Questions

### Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 20 hours per week
- 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 the additional occurrence benefit?

Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.

#### What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness, subject to certain conditions. The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.

# Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

### Are there any limitations or exclusions?

Benefits are not payable for any Critical Illness that:

- Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
- Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Critical Illness insurance and accidental death & dismemberment insurance are 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.

