August 1, 2015 through July 31, 2016

employeebenefits

GBI
Great Basin Industrial

BENEFIT CARRIER CONTACT INFORMATION

Great Basin Industrial LLC
Marjory Howes / Valerie Nelson - Human Resources
801-543-2100 hr@mygbi.com

Healthiest You - Physician Phone Line
866-703-1259 www.healthiestyou.com

Boulder Administration Services - Medical, Dental & Vision
877-406-3699 www.boulderadmin.com

Mutual of Omaha - Life, Disability, Worksite Products & EAP
Life: 800-775-8805 www.mutualofomaha.com
Disability: 800-877-5176
Worksite: 800-775-8805
EAP: 800-316-2796

Moreton & Company - Account Manager / Claims Assistance
Jesica Nelson
801-715-7113 jnelson@moreton.com
Claudia Jahen - Contact for Spanish & Individual Plans
801-715-7144 cjahen@moreton.com
Toll Free: 800-594-8949 www.moreton.com

HUMAN RESOURCES

Please contact Human Resources for any benefit related questions including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

IRS REGULATIONS

Failure to meet IRS Deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefits enrollment and the related cafeteria plan elections. This means that we cannot accept benefit enrollment after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election, changes can only be implemented prospectively, i.e., on the first paycheck or period of coverage following our receipt of the benefit enrollment. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change and complete the necessary forms/online elections in advance or as soon after the event as possible. ***If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have a special enrollment opportunity.***

SOCIAL SECURITY NUMBERS

Federal law requires you to provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

MEDICARE PART D

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. *If you have any questions regarding this federal regulation, please speak with your Moreton & Company Representative or contact Human Resources.*

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources Department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

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WHY IS OPEN ENROLLMENT SO IMPORTANT?

Benefits open enrollment for Great Basin Industrial LLC is held each year. Employees should understand that the pre-tax payment for applicable benefits are done through the Cafeteria Plan (premium only plan) and will remain in effect and cannot be revoked or changed during the plan year. Employees must notify Human Resources of any change of status as soon as possible, but in no event more than **30 days** of the event. **Once the enrollment period has ended, employees may not make or change benefit elections.** *If employees believe they can make or change an election due to a change in employment or family status, they generally have 30 days to complete and go online and make the change.*

WHO IS ELIGIBLE TO PARTICIPATE IN THE BENEFITS PLAN?

- Eligible employees must work 30+ hours per week;
- Employees will receive benefits on the first of the month following 30 Days from date of hire (provided the enrollment process is properly submitted online);
- Employees will receive coverage for dependents; see your Benefit's Summary's definition of legally married spouse and/or dependent, (children who are less than 26 years of age);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available online.
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your Human Resources Department.

IS IT POSSIBLE TO MAKE CHANGES DURING THE YEAR?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the Qualifying Change events below. However, you must contact Human Resources to determine if our plan and if your circumstances allow such a change. If so, you must complete and submit a change form online generally within 30 days.

QUALIFYING CHANGES (30 DAYS UNLESS OTHERWISE STATED BELOW)

- Marriage, Divorce, or legal separation; or change in number of dependents;
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s) including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse or domestic partner);
- Loss of coverage from government plans / programs or educational institution;
- COBRA qualifying event (termination / reduction of hours, employee death, divorce / legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order; Medicare or Medicaid entitlement; or FMLA leave of absence;
- Loss of CHIP or Medicaid eligibility; Gaining CHIP or Medicaid subsidy eligibility (60 Days).

GLOSSARY OF TERMS

Co-pay: Typicaly refers to a dollar amount a member pays for services.

Deductible: Amount that must be paid by the member prior to the benefits offered and are indicated with AD (After Deductible).

Coinsurance: Typically refers to the percentage of a member's share of covered costs, after any deductible has been satisfied.

Out of Pocket Maximum (OOPM)**:** The maximum amount members pay for covered in-network essential health benefit expenses during the benefit year including Co-Pays, Coinsurance, and Deductibles.

PPO (Preferred Provider Organization)**:** This type of Plan utilizes Network and Non-Network Benefits.

Network (In-Network)**:** Providers who have agreed to accept Contracted rates from an Insurance Carrier.

Non-Network (Out-of-Network)**:** Any Non-Contracted Providers. The services from these Providers are subject to balance billing meaning members can be billed for the difference between the Insurance Carrier's fee schedule and the billed charges.

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Healthiest You

Cost covered 100% if enrolled on medical plan.

Healthiest You is a provider of tele-health services. Members can use the service to speak with a medical doctor 24 hours a day, 365 days a year. Rates are a flat $9.00 regardless of the enrollment tier.

How to use this service

1. Call 866-703-1259
2. Identify yourself by name and company
3. Explain the reason for your call. You will be asked some medical history questions along with any questions that pertain to you current symptoms.
4. A physician will call you back within 3 hours at the number you specify

When can you use this service?

- Our service is available 24 hours a day, 365 days a year for you to speak with a doctor.
- There are no limits to the number of calls you can make and no cost per call.
- Use the service whenever you have a health question that requires the attention of a physician, and whenever you are experiencing symptoms of acute illness.

Some common conditions that are frequently treated using tele-health services:

- General Health Questions
- Bronchitis
- Earache
- Sore Throat
- Pink Eye
- Sinusitis
- Strep
- Respiratory Infections
- Urinary Tract Infections Second Opinions
- Allergies

Getting the MOST from this benefit

We recommend that you enter our toll free service number into your phone and call whenever you have questions or experience symptoms of illness. Save money by reducing your use of higher cost alternatives like urgent care facilities and emergency departments for non-emergency care. Minimizes travel time and expenses while waiting in the comfort of your own home or office. Get the peace of mind that comes from confirming health choices with a medical doctor.

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Boulder Administration Services

Great Basin Industrial LLC offers the following two medical plans:

	TRADITIONAL		H.S.A	
	Network	**Non Network ***	**Network**	**Non Network ***
Deductible PCY (Individual / Family)	$1,500 / $4,500	$3,000 / $9,000	$3,000 / $6,000	$6,000 / $12,000
	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.			
Out of Pocket Maximum (Includes Most Services)	$4,500 / $9,000	$9,000 / $18,000	$3,000 / $6,000	$12,000 / $24,000
Coinsurance (Plan Pays / Member Pays)	**80% / 20% AD**	**55% / 45% AD**	**Covered 100% AD**	**50% / 50% AD**
Office Visits				
Primary Care	$25	55 / 45 AD	Covered 100% AD	50 / 50 AD
Preventive **	Covered 100%	55 / 45 AD	Covered 100%	50 / 50 AD
Specialists	$50	55 / 45 AD	Covered 100% AD	50 / 50 AD
Chiropractic	$25	55 / 45 AD	Covered 100% AD	50 / 50 AD
Prescriptions	Tier 1 / Tier 2 / Tier 3 / Tier 4			
Pharmacy	$15 / $50 / $100 / $200		Covered 100% AD	
Diagnostic Lab / X-Ray Services				
Minor (In Office)	Covered Under Office Visit Co-pay	55 / 45 AD	Covered 100% AD	50 / 50 AD
Major	80 / 20 AD	55 / 45 AD	Covered 100% AD	50 / 50 AD
Hospital Services				
Outpatient	80 / 20 AD	55 / 45 AD	Covered 100% AD	50 / 50 AD
Inpatient	80 / 20 AD	55 / 45 AD	Covered 100% AD	50 / 50 AD
Maternity	80 / 20 AD	55 / 45 AD	Covered 100% AD	50 / 50 AD
Emergency Services				
Urgent Care	$75	55 / 45 AD	Covered 100% AD	50 / 50 AD
Emergency Room	$250	$250	Covered 100% AD	50 / 50 AD
Ambulance	80 / 20 AD	80 / 20 AD	Covered 100% AD	Covered 100% AD
Mental Health Services				
Inpatient	Not Covered		Not Covered	
Outpatient	Not Covered		Not Covered	
Outpatient - Office	Not Covered		Not Covered	
EMPLOYEE RATES PER PAY PERIOD				
Employee (EE)	$52.33		$50.06	
EE + Spouse	$97.81		$93.38	
EE + Child	$87.31		$83.38	
EE + Children	$87.31		$83.38	
Family	$143.66		$137.05	

AD: After Deductible

PCY: Per Calendar Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Boulder Administration Services materials for a full list of covered preventative services and limitations.

Please Note: Some benefits require Pre-Authorization and / or Limitations may apply, please refer to your provided Boulder materials for additional information.

To Find a Provider, please visit *www.boulderadmin.com*

For a complete description of benefits, limitations, and exclusions, consult your Benefit's Summary, available from Human Resources or at *www.boulderadmin.com.*

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Boulder Administration Services

Great Basin Industrial LLC offers the following two dental plans:

	BASIC		PREMIER	
	Network	**Non Network ***	**Network**	**Non Network ***
Deductible	$50 Single / $150 Family	$50 Single / $150 Family	$50 Single / $150 Family	$50 Single / $150 Family
Maximum Annual Benefit - Dental	$1,000	$1,000	$1,000	$1,000
Coinsurance	Plan Pays / Member Pays - See Amounts Below		Plan Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services	NO WAITING PERIOD †		NO WAITING PERIOD †	
Exams, Cleanings, Fluoride, X-Rays	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services	NO WAITING PERIOD †		NO WAITING PERIOD †	
Fillings, Non-Surgical Extractions	80 / 20 AD	80 / 20 AD	80 / 20 AD	80 / 20 AD
Major Services	12 MONTH WAITING PERIOD †		12 MONTH WAITING PERIOD †	
Bridges, Crowns, Oral Surgery	50 / 50 AD	50 / 50 AD	50 / 50 AD	50 / 50 AD
Endodontic & Periodontic Services	Covered under Major Services		Covered under Basic Services	
Maximum Lifetime Benefit - Orthodontia	No Benefit		$1,000	$1,000
Orthodontic Services	NO COVERAGE		12 MONTH WAITING PERIOD †	
All Ages	No Benefit		50 / 50 AD	50 / 50 AD
EMPLOYEE RATES PER PAY PERIOD				
Employee (EE)	$2.75		$3.50	
EE + Spouse	$5.44		$7.00	
EE + Child	$5.76		$7.31	
EE + Children	$5.76		$7.31	
Family	$8.75		$11.25	

AD: After Deductible

***** Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

† Waiting periods can be waived with proof of prior comparable coverage. Please see HR for details.

To Find a Provider, please visit *www.boulderadmin.com*

For a complete description of benefits, limitations, and exclusions, consult your Benefit's Summary, available from Human Resources or at *www.boulderadmin.com.*

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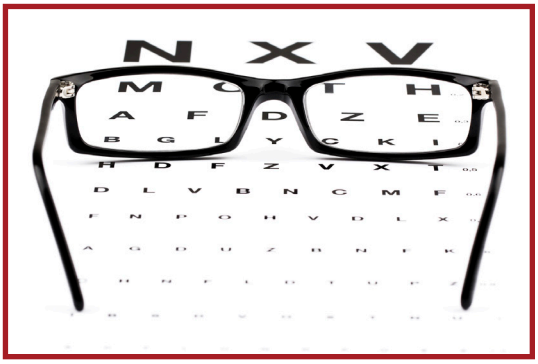
Boulder Administration Services

Great Basin Industrial LLC offers the following vision plan:

CALENDAR YEAR DEDUCTIBLE	
Per Person	None
Per Family Unit	None

VISION PERCENTAGE PAYABLE:			
Amount of Vision Expense	**EMPLOYER Share**	**EMPLOYEE Share**	**Paid Benefit**
First $100	100%	0%	$100
Next $300	50%	50%	$150

MAXIMUM BENEFIT AMOUNT	
Per Person Per Calendar Year	$250
EMPLOYEE RATES PER PAY PERIOD	
Employee (EE)	$1.16
EE + Spouse	$2.25
EE + Child	$2.37
EE + Children	$2.37
Family	$3.29



Members can use any provider

For a complete description of benefits, limitations, and exclusions, consult your Benefit's Summary, available from Human Resources or at *www.boulderadmin.com*.

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Mutual of Omaha

Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves. Benefits reduce to 65% at the insured's age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, and to 15% at age 90. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

BENEFITS	
Life Insurance - Employee	$10,000
Accidental Death & Dismemberment (AD&D) - Employee Only	$10,000
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt)	Up to $10,000
Employee Assistance Program (EAP) Face to Face Visits	4

Please see Certificate of Coverage summary for more detailed benefit information.

Voluntary Supplemental Life & Voluntary AD&D - 100% Employee Paid

Supplemental Group Term Life Insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic Group Term Life Insurance provided by Mutual of Omaha.

Employees may select up to $200,000 of coverage in increments of $10,000. Spouse coverage may be equal to but not exceed Employee's Supplemental Coverage amount up to $30,000 in increments of $5,000. Unmarried, dependent children under the age of 25 are eligible for $10,000 of coverage.

All Supplemental Insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. Insurance will become effective on the first of the month following underwriting approval by Mutual of Omaha. Supplemental Life benefits will reduce to 65% at the insured's age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, and to 15% at age 90. Benefits terminate upon retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from Human Resources.

Please see Certificate of Coverage summary for more detailed benefit information.

VOLUNTARY AD&D	
Employee & Spouse	$0.03 per $1,000
Dependent Child(ren)	$0.30 per $10,000

GUARANTEED ISSUE	
Employee	$200,000
Spouse	$30,000
Dependent Child(ren)	$10,000

MONTHLY RATES PER $1,000 OF COVERAGE		
Age	**Employee**	**Spouse ***
Under 30	$0.08	$0.05
30 to 34	$0.09	$0.05
35 to 39	$0.12	$0.07
40 to 44	$0.17	$0.10
45 to 49	$0.27	$0.16
50 to 54	$0.42	$0.26
55 to 59	$0.68	$0.41
60 to 64	$0.95	$0.57
65 to 69	$1.56	$0.94
70 to 74	$3.05	NA
75 to 79	$5.88	
Monthly Dependent Life	$2.00 per $10,000 of coverage (Rate is fixed - Regardless of number of children)	

* Spouse rates are based on employee's age.

ESTIMATED PREMIUM CALCULATIONS

	÷ 1,000 =		×		=		× 12 =		÷ 48 =	
Desired Amount of Employee Coverage		Number of 1,000's		Rate from Table		Estimated Monthly Premium **			Number of Pay Periods	Estimated Premium Per Pay Period **
Desired Amount of Spouse Coverage	÷ 1,000 =	Number of 1,000's	×	Rate from Table	=	Estimated Monthly Premium **	× 12 =		÷ 48 =	Estimated Premium Per Pay Period **

** The premiums calculated are estimates ONLY. Please refer to your Mutual of Omaha plan documents for full premium breakdowns.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Mutual of Omaha

Voluntary Short-Term Disability - 100% Employee Paid

Short Term Disability (STD) Insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by Mutual of Omaha, for more detailed benefit information.

BENEFITS	
Weekly Benefit	60% up to $1,000
Maximum Benefit Period	11 Weeks
Elimination Period - Injury	14 Days
Elimination Period - Sickness	14 Days
Maternity	Covered as any other Sickness (See Certificate for more Details)
Definition of Earnings	Base Salary Only (Overtime, Bonuses and Commissions are excluded)
Pre-Existing Condition Restrictions	3 Month Lookback, 6 Months on Plan

ESTIMATED PREMIUM CALCULATIONS

_____	× 0.6 =	_____	×	$0.48	=	_____	÷ 10 =	_____
Weekly Salary		Benefit		Rate Per $10 of Coverage				Estimated Premium Per Month *

* The premiums calculated are estimates ONLY. Please refer to your Mutual of Omaha plan documents for full premium breakdowns.

Voluntary Long-Term Disability - 100% Employee Paid

Long Term Disability (LTD) Insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by Mutual of Omaha, for more detailed benefit information.

BENEFITS	
Monthly Benefit	60% up to $6,000
Maximum Benefit Period	5 Years
Elimination Period	90 Days
Definition of Disability	Unable to perform one or more of the Main Duties of his or her Own Occupation
Mental & Nervous / Substance Abuse	Covered as any other benefit
Definition of Earnings	Base Salary Only (Overtime, Bonuses and Commissions are excluded)
Pre-Existing Condition Restrictions	12 Month Lookback, 12 Months on Plan

RATES PER $100 OF COVERAGE	
Age	**Monthly Rate**
Under 30	$0.18
30 to 34	$0.24
35 to 39	$0.34
40 to 44	$0.47
45 to 49	$0.67
50 to 54	$1.12
55 to 59	$1.59
60 to 64	$2.38
65 to 69	$2.50
70 & Over	$2.62

ESTIMATED PREMIUM CALCULATIONS

_____	× 0.6 =	_____	×	_____	=	_____	÷ 100 =	_____
Monthly Salary		Benefit		Rate from Table				Estimated Premium Per Pay Month *

* The premiums calculated are estimates ONLY. Please refer to your Mutual of Omaha plan documents for full premium breakdowns.

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Mutual of Omaha

Accident Plan - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of Federal and State law, so Federal ERISA law is inapplicable.

INITIAL CARE & EMERGENCY [1] (Once Per Accident Per Insured Person) Most treatment / service required within 72 hours of accident.	
Emergency Room	$150
Urgent Care Center	$100
Initial Physician Office Visit	$75
Ambulance	Up to $1,000
SPECIFIED INJURIES [1, 2]	
Fractures (Surgical / Non-surgical)	Up to $5,000 / Up to $2,500
Dislocations (Surgical / Non-surgical)	Up to $6,000 / Up to $3,000
Lacerations	Up to $600
Burns	Up to $10,000
Dental	Up to $200
HOSPITAL, SURGICAL & DIAGNOSTIC [1, 3]	
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
Surgical	Up to $1,500
Diagnostic	Up to $200
FOLLOW-UP CARE [1] (Treatment / Service required within 365 days of accident.)	
Physician Follow-Up Office Visit (Up to 2 Per Accident)	$75
Therapy Services (Up to 6 Per Accident)	$25
Medical Device (Once Per Person Per Accident)	$100
Prosthetic Device(s) (Up to 2 Per Accident)	$750
ADDITIONAL BENEFITS [1] (Benefits are payable within 365 days of accident. Health screening benefit is payable once per calendar year)	
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 [1] (Benefits are payable within 365 days of accident; Once per accident per insured person)	
Principal Sum	Employee $25,000 / Spouse $10,000 / Child(ren) $5,000
Common Carrier Accidental Death	300% of Principle Sum
Transportation of Remains	Up to $5,000
Dismemberment & Paralysis	Up to 100% of Principle Sum
Reasonable Modifications	Up to 10% of Principle Sum
Coma	50% of Principle Sum

1 Additional limitations apply as described in the certificate.

2 Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. 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.

3 Daily confinement must begin with 90 days of accident and ICU confinement within 30 days. Surgical treatment time frames vary. If applicable, diagnostic services must be received within 30 days of accident. Except for admission and confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

4 The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

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Mutual of Omaha

Accident Plan (Continued) - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of Federal and State law, so Federal ERISA law is inapplicable.

Who is eligible for this insurance? – To be eligible for this insurance:

- You must be actively working (performing all normal duties of your job) at least 30 hours per week, and be under age 80
- 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

ACCIDENT PLAN RATES	
Employee (EE)	$17.76
EE + Spouse	$25.42
EE + Children	$32.68
Family	$43.49

For a complete description of benefits, limitations, and exclusions, consult your Benefit's Summary, available from Human Resources or at *mutualofomaha.com/cibenefits*.

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Mutual of Omaha

Critical Illness – 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of Federal and State law, so Federal ERISA law is inapplicable.

Eligibility: You must work a minimum of 30 hours per week, be actively at work, and perform normal duties of your job. For California residents, you and your dependent(s) must have major medical insurance, or basic hospital / medical insurance. You must enroll for coverage for your dependents to be eligible.

Eligible dependents must be performing normal activities and not be confined (at home, in a hospital, or in any other care facility) as of the effective date of coverage. Unmarried children are eligible from birth to age 26.

How much coverage can I get?

Employee: Up to $20,000 of Coverage
Spouse: 100% of Employee Coverage amount Up to $20,000 of Coverage
Child(ren): 25% of Employee Coverage amount Up to $5,000 of Coverage

Policy Benefit Maximum: The maximum payout amount is 200% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the policy will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.

Payment: You pay 100% of the premium for this coverage through easy payroll deduction.

Coverage Termination Due to Age: Coverage for you and your spouse terminates at age 70.

Benefit Waiting Period: There is no benefit waiting period.

Pre-Existing Condition: Diagnosis that occur during the first 6 months of coverage due to a pre-existing condition during the 6 months prior to coverage are excluded.

Portability: When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.

Exclusions: Benefits are not payable for any critical illness that:

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

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

For a full premium breakdown, a complete description of benefits, limitations, and exclusions, consult your Benefit's Summary, available from Human Resources or at *mutualofomaha.com/cibenefits*.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Mutual of Omaha

Critical Illness *(Continued)*– 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of Federal and State law, so Federal ERISA law is inapplicable.

INITIAL CRITICAL ILLNESS BENEFITS	
Heart Attack	100% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
Coronary Artery By-Pass Surgery	25% of the CI Principal Sum
Major Organ Transplant	100% of the CI Principal Sum
End Stage Renal Failure	100% of the CI Principal Sum
CANCER CRITICAL ILLNESS BENEFITS	
Invasive Cancer	100% of the CI Principal Sum
Carcinoma in Situ	25% of the Principal Sum

MONTHLY PREMIUMS	NON-TOBACCO		TOBACCO	
Issue Ages	Employee	Spouse	Employee	Spouse
0-24	$0.25	$0.26	$0.29	$0.30
25-29	$0.30	$0.31	$0.37	$0.37
30-34	$0.41	$0.43	$0.54	$0.52
35-39	$0.57	$0.61	$0.81	$0.79
40-44	$0.85	$0.94	$1.36	$1.26
45-49	$1.31	$1.35	$2.32	$1.99
50-54	$1.96	$1.83	$3.70	$3.00
55-59	$2.82	$2.38	$5.68	$4.30
60-64	$4.17	$3.26	$8.92	$6.40
65-69	$5.89	$4.28	$13.23	$9.01

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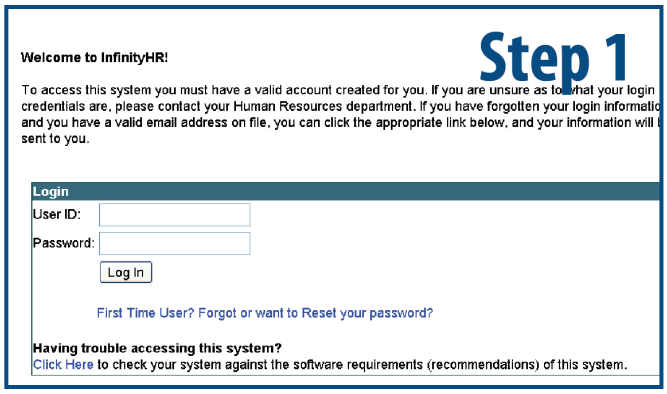
InfinityHR

Online Enrollment - Directions for enrolling in your benefits



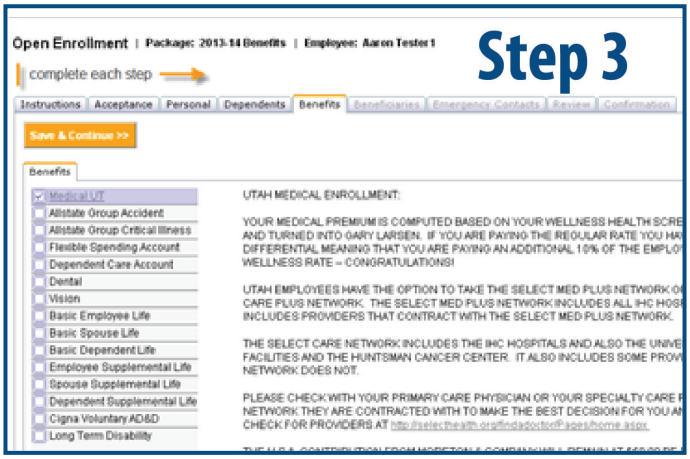
Go to Web Address:
http://www.infinityhr.com.

1. Log In:
   - **New Users** please click the "First Time User" link to set up your profile.
   - **Returning Users** your ID will be last name followed by the last four of your SSN and password will be what you created.

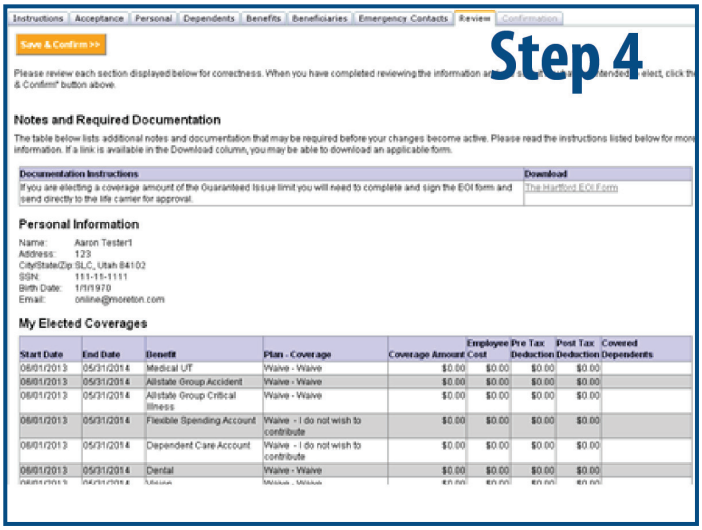
Note: If you forgot your password please click the "Forgot Password" option.

2. Review the Homepage, then Click on the **"Begin Event"** next to Open Enrollment event field to begin enrollment.

3. Follow the steps to complete your enrollment, then Click **"Save & Continue"** to complete each step. (Please ensure information is accurate on each Step.)



4. Review your enrollment information on the Review Step then Print the Conformation Statement. Click the **"Save and Confirm"** button to confirm your enrollment.



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Notes

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