

# 2009 BENEFITS GUIDE



Mutual of Omaha

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# *Mutual of Omaha Benefits*

## **Benefit Options**

As part of Mutual of Omaha's total compensation package, we offer employees a variety of benefit options. Review the information in this Benefits Guide to help you make the most of your benefit options and to prepare you to make your benefit choices. You may use [HR@Home](#) through the Internet to find benefit information when you are at home, if needed.

[www.mutualofomaha.com/hr@home](http://www.mutualofomaha.com/hr@home)

Please note that all this information is available on Associate Access through the Intranet, which is where you should access it when you are at work. Click on "Benefits", "Enrollment Information" and then "New Employee Benefits Information" at the bottom of the screen on the right hand side. When navigating through HR@Home through the Internet, click on "Benefits" under the Reference section and then "New Employee Benefits Information" under the Miscellaneous section.

## **Eligibility for Benefits**

### **Eligible Dependents**

For all applicable benefit plans, eligible dependents include:

- Your lawful spouse
- Your same sex domestic partner
- Your unmarried child who is a Qualifying Child or a Qualifying Relative

Please see the Definition Section of this Benefits Guide beginning on page 24 for the definition of Student, Child, Foster Child, Qualifying Child and Qualifying Relative.

If you enroll as an employee, you may not also be enrolled as a dependent under the medical and/or dental plans. If both you and your spouse work for Mutual of Omaha, you may each enroll separately in a medical plan. Or, one of you may elect coverage in which the other is enrolled as a dependent. The employee who elects coverage is the primary covered person.

### **Eligible Requirements**

On the first day of full-time active employment, you will automatically be enrolled in the Basic Employee Life Insurance and Basic Long-Term Disability plans. If you are scheduled to work 30 or more hours per week, your other coverages will become effective on the benefits effective date, which is the first day of the month following 14 calendar days of employment, if you enroll during your designated enrollment period. If you are not Actively at Work on the date coverage would normally begin, your effective date is delayed until you return to work.

As an eligible employee, you have the opportunity to enroll in the benefits program each year. Once you have made your benefit elections, they remain in effect throughout the year, unless you have a Life Event as defined in the Definitions Section of this Benefits Guide.

## *Mutual of Omaha Benefits*

### **Benefits in Brief**

#### **Benefits Options Available**

The following benefit plans are available according to your employment status, if you enroll during your designated enrollment period:

<b>Benefit Plan (Scheduled Hours Per Week)</b>	<b>Coverage Effective Date</b>	<b>(30 hrs or more)</b>	<b>(20 – 30 hrs)</b>	<b>(&lt; 20 hrs)</b>	<b>Temporary (40 hrs or less)</b>
Basic Employee Life	Date of Hire	X			
Basic Long-Term Disability	Date of Hire	X			
Medical	Benefits Effective Date	X			
Dental	Benefits Effective Date	X			
Vision	Benefits Effective Date	X			
Supplemental Life	Benefits Effective Date	X			
Spouse Life	Benefits Effective Date	X			
Child Life	Benefits Effective Date	X			
Basic Accidental Death & Dismemberment	Benefits Effective Date	X			
Supplemental Accidental Death & Dismemberment	Benefits Effective Date	X			
Supplemental Long-Term Disability	Benefits Effective Date	X			
Health Care Flexible Spending Account	Benefits Effective Date	X			
Dependent Care Flexible Spending Account	Benefits Effective Date	X	X	X	
401(k) Long-Term Savings Plan	Benefits Effective Date	X	X	X	X

# *Mutual of Omaha Benefits*

## **Benefits in Brief, continued**

### **Benefits Start Dates**

<b>2009 Employment Hire Date</b>	<b>Benefits Start</b>
January 1 <sup>st</sup> – January 18 <sup>th</sup>	February 1 <sup>st</sup>
January 19 <sup>th</sup> – January 31 <sup>st</sup>	March 1 <sup>st</sup>
February 1 <sup>st</sup> – February 15 <sup>th</sup>	March 1 <sup>st</sup>
February 16 <sup>th</sup> – February 28 <sup>th</sup>	April 1 <sup>st</sup>
March 1 <sup>st</sup> – March 18 <sup>th</sup>	April 1 <sup>st</sup>
March 19 <sup>th</sup> – March 31 <sup>st</sup>	May 1 <sup>st</sup>
April 1 <sup>st</sup> – April 17 <sup>th</sup>	May 1 <sup>st</sup>
April 18 <sup>th</sup> – April 30 <sup>th</sup>	June 1 <sup>st</sup>
May 1 <sup>st</sup> – May 18 <sup>th</sup>	June 1 <sup>st</sup>
May 19 <sup>th</sup> – May 31 <sup>st</sup>	July 1 <sup>st</sup>
June 1 <sup>st</sup> – June 17 <sup>th</sup>	July 1 <sup>st</sup>
June 18 <sup>th</sup> – June 30 <sup>th</sup>	August 1 <sup>st</sup>
July 1 <sup>st</sup> – July 18 <sup>th</sup>	August 1 <sup>st</sup>
July 19 <sup>th</sup> – July 31 <sup>st</sup>	September 1 <sup>st</sup>
August 1 <sup>st</sup> – August 18 <sup>th</sup>	September 1 <sup>st</sup>
August 19 <sup>th</sup> – August 31 <sup>st</sup>	October 1 <sup>st</sup>
September 1 <sup>st</sup> – September 17 <sup>th</sup>	October 1 <sup>st</sup>
September 18 <sup>th</sup> – September 30 <sup>th</sup>	November 1 <sup>st</sup>
October 1 <sup>st</sup> – October 18 <sup>th</sup>	November 1 <sup>st</sup>
October 19 <sup>th</sup> – October 31 <sup>st</sup>	December 1 <sup>st</sup>
November 1 <sup>st</sup> – November 17 <sup>th</sup>	December 1 <sup>st</sup>
November 18 <sup>th</sup> – November 30 <sup>th</sup>	January 1 <sup>st</sup>
December 1 <sup>st</sup> – December 18 <sup>th</sup>	January 1 <sup>st</sup>
December 19 <sup>th</sup> – December 31 <sup>st</sup>	February 1 <sup>st</sup>

# *Mutual of Omaha Benefits*

## **Benefits in Brief, continued**

### **Life Event**

IRS regulations determine when you can make changes to your benefit elections depending on changes in your status. Following are some examples of what may qualify:

- You become married or divorced
- You acquire an eligible dependent
- Your spouse loses medical coverage under an employer's group plan because of a change in your spouse's job status or because the spouse's employer terminates its group plan
- Your dependent loses his or her eligibility under this Plan or another employer's group plan
- Your spouse or dependent obtains coverage under an employer's group plan because of a change in his or her job status or because his or her employer begins offering a group plan
- Your spouse makes a change during his or her employer's annual enrollment, with an effective date other than January 1.

In most situations, you may only add or delete dependents from your current coverage as the result of a Life Event change in status. Changes to your plan options must be consistent with the Life Event. If you increase the payroll deduction amount for Your Health Care Flexible Spending Account with an eligible Life Event, the increased dollar amount must be used for expenses incurred after the Life Event for services to be consistent with the Life Event. Even with an eligible status change, You may not decrease your payroll deduction amount or cancel Your Health Care Flexible Spending Account during the year. See the Definitions Section of this Benefits Guide for examples of Life Event changes.

To make a change in coverage due to a Life Event change in status, you must report the change in status to Corporate Benefits and Services Department within 31 days of the event. You can contact the Corporate Benefits and Services Department by calling the HR Hotline at 402-351-3300 and select "1" for Benefits. You may also e-mail the Benefits Hotline for any questions you have regarding Life Event changes.

### **Level of Coverage**

Your level of coverage is based on the following categories:

- Employee Only (You are the only person covered)
- Employee + One (You and one eligible dependent is covered)
- Employee + Family (You and two or more eligible dependents are covered)

## *Medical Options and Coverage Details*

### **Waive Medical Coverage**

Waive medical coverage means that you are electing not to have medical coverage through Mutual of Omaha as your employer. If you waive coverage, you should have medical coverage through another plan. Perhaps you prefer to be covered under a spouse's medical plan. Compare your options, look at physicians in the network, premiums or differences in coverage in order to find the best option.

When deciding whether to be covered by two plans, look at whether the benefit of double coverage is worth the cost. With Coordination of Benefits plan provisions, one plan will pay its full benefits first, then the other plan may only pay the amount it would have paid had it been the primary plan.

You will have the option to change your waive election every year at annual enrollment or when you experience a Life Event, as long as the benefit change requested is consistent with the Life Event.

### **Medical**

Available at all locations

The medical plan allows you complete freedom to go to any Preferred Provider Option (PPO) (in-network) and/or Non PPO (out-of-network) health care provider. This includes direct access to specialists without prior approval from the plan. When using in-network providers, you reduce the cost of health care expenses because the plan pays a larger percentage of the expenses and deductibles are lower. On the other hand, if you choose out-of-network providers, you will have higher out of pocket costs because the plan pays a lower percentage of expenses, the deductibles are higher and coinsurance percentages are higher.

In-network medical care can be received from providers participating in our nationwide PPO network. To view the Preferred in-network provider directory online, visit <http://www.chenebraska.com>. You will then click on "Members" and then "Provider Search" along the left-hand side of the screen. If you live in Nebraska, Iowa or South Dakota, click on "Enter Medical Provider Search" and if you live in states other than Nebraska, Iowa or South Dakota, click on "Search for a Coventry Health Care National Network provider" under Out of Area Providers: PPO Members. When navigating through Associate Access, click on "Medical" under the Benefits section and then click on the correct "Provider Directory" depending where you are located to view Preferred in-network providers. When navigating through HR@Home, click on "Benefits" under the Reference section and then click on the correct "Provider Directory" depending where you are located to view Preferred in-network providers.

### **In-Network Deductible Options**

Your medical plans have two deductible options and you should choose the level of deductible best suited to you. A deductible is the amount of covered expenses that you must pay before the plan will start paying benefits. We recognize your medical deductibles met with other coverage only during the first plan year of service. Explanation of Benefits (EOB's) should be sent to Coventry Healthcare; Aberdeen Service Center; Attn: Julie Albano; 3010 Milwaukee Ave. NE, P.O. Box 4000; Aberdeen, SD 57402-4000. Below are your calendar year deductible options:

<u>Individual</u>	<u>Family</u>
\$750	\$1,500
\$1,250	\$2,500

## *Medical Options and Coverage Details*

### Networks and Calendar Year Deductibles Comparison

Plan Type	In-Network Providers	Out-of-Network Providers
<b>Plan Payments*</b>		
Hospitalization	85%	75%
Physician Services	85%	75%
Surgery	85%	75%
Prescription Drugs	RX Drug Program	50%
<b>Calendar Year Deductible</b>	<b>Per Person/Per Family</b>	<b>Per Person/Per Family</b>
Low Deductible	\$750/\$1,500	\$1,000/\$2,000
High Deductible	\$1,250/\$2,500	\$1,750/\$3,500
<b>Out of Pocket Maximum</b>	<b>Per Person/Per Family Excluding RX Deductible</b>	<b>Per Person/Per Family Excluding RX Deductible</b>
Low Deductible	\$3,250/\$6,500	\$6,000/\$12,000
High Deductible	\$3,750/\$7,500	\$6,750/\$13,500

Lifetime Maximum Amount for All Medical Plans Combined for active employees: \$2,000,000

\* The figures provided refer to the percentage paid after the calendar year deductible has been met.

### 2009 Medical Premiums Per Pay Period (Before Tax)

<i>Medical Coverage</i>	<i>You Pay (Per Pay Period)</i>
<b>\$750 Individual/\$1,500 Family Deductible PPO Medical Option</b>	
Employee Only	\$42.50
Employee + One	\$82.50
Employee + Family	\$125.00
<b>\$1,250 Individual/\$2,500 Family Deductible PPO Medical Option</b>	
Employee Only	\$21.50
Employee + One	\$47.50
Employee + Family	\$76.50

# *Medical Options and Coverage Details*

## Summary of Medical Benefits

**NOTE:** In-network benefits apply as long as you utilize the services of a provider who is participating in the PPO network. If the provider utilized is not participating in the PPO network on the date of service, then Out-of-Network Provider benefits will apply.

Benefit	In-Network Providers	Out-of-Network Providers
Choice of Physician	You choose any licensed physician or hospital that is participating in the PPO network.	You choose any licensed physician or hospital that is <b>not</b> participating in the PPO program.
<b>Calendar Year Deductible(s)</b>	Calendar Year Deductible Options (Low Deductible) -\$750 Individual, \$1,500 Family or, (High Deductible) - 1,250 Individual, \$2,500 Family	Calendar Year Deductible Options (Low Deductible) -\$1,000 Individual, \$2,000 Family or, (High Deductible) - \$1,750 Individual, \$3,500 Family
Out of Pocket Maximum:  (Prescription deductibles not included)	Low Deductible - \$3,250 Individual/\$6,500 Family High Deductible - \$3,750 Individual/\$7,500 Family Coinsurance and/or copayment amounts for emergency room services and prescription drugs do not accumulate towards the Out of Pocket Maximum nor are they paid at 100% once the Out of Pocket Maximum is reached.	Low Deductible - \$6,000 Individual/\$12,000 Family High Deductible - \$6,750 Individual/\$13,500 Family Coinsurance and/or copayment amounts for emergency room services, transplant benefits and prescription drugs do not accumulate towards the Out of Pocket Maximum nor are they paid at 100% once the Out of Pocket Maximum is reached.
Lifetime Maximum Benefit for Infertility coverage is \$2,500 for active employees or their dependent spouse while covered.		
Maximum Benefit is \$2,000,000 for active employees while covered. The maximum is a combination of benefits paid under all Plans.		

### Preventive Care

Preventive Health Care- Newborn through Age 6	Deductible is waived. Plan pays 100% up to \$500 per calendar year.	Plan pays 75% after deductible up to \$500 per calendar year, coinsurance is 25%.
Childhood Immunizations recommended by the American Academy of Pediatrics - Newborn through Age 6 <u>Diphtheria, Tetanus, Pertussis, Meales, Mumps and Rubella</u> <u>Poliomyelitis</u> <u>Haemophilus Influenza Type B (HIB)</u> <u>Hepatitis A, Hepatitis B</u> <u>Pmocoecal</u> <u>lactivated Poliovirus</u> <u>Varicella</u> <u>Meningococcal</u> <u>Rotavirus</u>	Deductible is waived. Plan pays 100%.	Plan pays 75% after deductible, coinsurance is 25%.
Physical Exam Benefits-Age 7 and older	Deductible is waived. Plan pays 100% up to \$300 per calendar year.	Plan pays 75% after deductible up to \$300 per calendar year, coinsurance is 25%.
Adult Immunizations recommended by the Advisory Committee on Immunization Practices - for active employees and covered dependents only <u>Tetanus, Diphtheria &amp; Pertussis (Tdap)</u> <u>Varicella (Chickenpox) –Gardasil Vaccine (cervical cancer and HPV – females only)</u> <u>Zostavax Vaccine (shingles) – Age 60 and over</u> <u>Meningococcal Pneumococcal</u> <u>Hepatitis A, Hepatitis B</u> <u>Inactivated Poliovirus Measles, Mumps, Rubella</u>	Deductible is waived. Plan pays 100%.	Plan pays 75% after deductible, coinsurance is 25%.
Routine Mammography – for a covered person who is age 35 or over.	Deductible is waived. Plan pays 100%.	Plan pays 75% after deductible, coinsurance is 25%.
Routine Colonoscopy- one test every ten years at age 50 or over	Deductible is waived. Plan pays 100%.	Plan pays 75% after deductible, coinsurance is 25%.

## *Medical Options and Coverage Details*

### Summary of Medical Benefits, continued

#### In-Hospital Confinement and Services

Benefits	In-Network Providers	Out-of-Network Providers
Room and Board, X-ray, Lab and other covered hospital charges	\$100 copayment per admission. Services covered at 85% after deductible, coinsurance 15%.	\$100 copayment per admission. Services covered at 75% after deductible, coinsurance is 25%.
Mental and Nervous Disorders	Plan pays 85% after deductible for a total of 60 days while covered. Coinsurance is 15%.	Plan pays 75% after deductible for a total of 60 days while covered. Coinsurance is 25%.
Substance Abuse Treatment	Plan pays 85% after deductible for a total of 60 days while covered. Coinsurance is 15%.	Plan pays 75% after deductible for a total of 60 days while covered. Coinsurance is 25%.
Emergency Room (Copayment waived if hospitalized)	\$50 copayment each visit. Services covered at 85% after deductible, coinsurance is 15%.	\$50 copayment each visit. Services covered at 75% after deductible, coinsurance is 25%.
Organ Transplant Benefits	Medical Specialty Network: Plan pays 85% after deductible; including up to \$25,000 for donor expenses. Coinsurance is 15%. Other Network Providers: Plan pays 85% after deductible; including up to \$10,000 for donor expenses. Coinsurance is 15%.	Plan pays 75% after deductible, including up to \$5,000 for donor expenses. Coinsurance is 25%.  Coinsurance for out of network organ transplants will not be applied to the Out of Pocket Maximum.

#### Outpatient Facility Services

Hospitals, Outpatient Surgery Centers	Plan pays 85% after the deductible, coinsurance is 15%.	Plan pays 75% after the deductible, coinsurance is 25%.
Urgent Care Centers	Plan pays 85% after the deductible, coinsurance is 15%.	Plan pays 75% after the deductible, coinsurance is 25%.

#### Physician Services

Hospital, Office and Home Visits	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Maternity Care	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Physician Surgical Services	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Outpatient Mental and Nervous Disorders	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Outpatient Substance Abuse Treatment	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Outpatient Therapy Services	Plan pays 85% after deductible not to exceed 60 visits per calendar year for Occupational and Physical therapy combined; and 30 visits per calendar year for Speech therapy. Coinsurance is 15%.	Plan pays 75% after deductible not to exceed 60 visits per calendar year for Occupational and Physical therapy combined; and 30 visits per calendar year for Speech therapy. Coinsurance is 25%.
Non Surgical Spinal Treatment	Plan pays 85% of a maximum allowable of \$35 per visit, after deductible, not to exceed 30 visits per calendar year. Coinsurance is 15%.	Plan pays 75% of a maximum allowable of \$35 per visit, after deductible, not to exceed 30 visits per calendar year. Coinsurance is 25%.
E.R. physician, radiologist, anesthesiologist, pathologist (ERAP) When service is rendered in a Network Facility	Plan pays 85% after deductible, coinsurance is 15%.	If the ERAP provider is not participating in the network, but the facility is an in-network provider, the Plan pays 85% after the PPO deductible, coinsurance is 15%. For services rendered in an out of network facility, the plan pays 75% after the out of network deductible, coinsurance is 25%.

#### Miscellaneous

Independent Radiology and Pathology (Lab, X-ray)	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
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## *Medical Options and Coverage Details*

### Summary of Medical Benefits, continued

#### Miscellaneous Continued

Benefits	In-Network Providers	Out-of-Network Providers
High End Radiology (MRI, CT, PET, SPECT scans)	Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.
Colonoscopy : One test every ten years, if not used for preventive care – At age 50 and over (Active employees only)	Deductible is waived. Plan pays 100%.	Plan pays 75% after deductible, coinsurance is 25%.
Home Health Services	Plan pays 85% after deductible up to one visit for the same type of visit per day and 100 visits per calendar year. Coinsurance is 15%.	Plan pays 75% after deductible not to exceed \$37.50 per visit and 100 visits per calendar year and no more than one visit for the same type of service per day. Coinsurance is 25%.
Hospice Care Inpatient:  Outpatient: (Maximum combined Inpatient and Outpatient benefit, limited to 185 days/visits)	Plan pays 85% after deductible, coinsurance is 15%.  Plan pays 85% after deductible, coinsurance is 15%.	Plan pays 75% after deductible, coinsurance is 25%.  Plan pays 75% after deductible not to exceed \$37.50 per visit. Coinsurance is 25%.
Skilled Nursing Facility	Plan pays 85% after the deductible not to exceed 100 days per calendar year. Coinsurance is 15%.	Plan pays 75% after deductible up to \$150 per day not to exceed 100 days per calendar year. Coinsurance is 25%.
Ambulance	Plan pays 80% of charges, coinsurance is 20%. Deductible waived.	Plan pays 80% of charges, coinsurance is 20%. Deductible waived.

#### All Other Covered Services

Durable Medical Equipment and Prosthetics	Plan pays 85% after the deductible, and coinsurance is 15%.	Plan pays 75% after deductible, up to \$5,000 while covered under the plan, coinsurance is 25%.
VSP Free Vision Discounts	If you are enrolled in one of Mutual of Omaha's medical plans and not enrolled in the VSP vision coverage, you are entitled to discounts on eye exams and eyewear from VSP participating vendors.	If you are enrolled in one of Mutual of Omaha's medical plans and not enrolled in the VSP vision coverage, you are entitled to discounts on eye exams and eyewear from VSP participating vendors.

#### Prescription Benefits

Prescription Drug Card Deductible: \$50 per person per calendar year before copayment applied				Reimbursement for Covered Drugs and medicines will be limited to 50% for nonparticipating providers.
	Generic	Brand Formulary	Brand Non-Formulary	
Retail Pharmacy (30 day supply)	\$12	\$30	\$50	
Mail Order (90 day supply)	\$36	\$90	\$150	
Specialty Pharmacy Drugs (most often an injectable medication for chronic diseases)	\$100 Copayment for a 30 day supply after prescription deductible has been met.			

**Precertification** is required for all inpatient hospital stays, certain medical procedures, specialized services and supplies and outpatient mental and nervous or alcohol and drug treatment visits (before the seventh visit) under the medical deductible plans. Making certain that precertification occurs is always the member's responsibility. Refer to the Employee Benefits Handbook for a complete explanation of all of your group benefits including your medical coverages.

# *Medical Options and Coverage Details*

## **Prescription Benefits**

Prescription Drug Benefits are available to you and your eligible dependents if you are covered under the medical deductible plans.

Utilize formulary prescription drugs to keep your prescription drug costs down for you and your eligible dependents. A formulary is a preferred list of drugs. If your prescription is on the formulary you will pay a lower copayment. If your prescription is not on the formulary you still have coverage but you will pay a higher copayment. To view the formulary list or search for an in-network pharmacy, visit Associate Access or [HR@Home](mailto:HR@Home) through [www.mutualofomaha.com/hr@home](http://www.mutualofomaha.com/hr@home). When navigating through Associate Access, click on “RX” under the Benefits section and then “Prescription Drug Program Tools”. When navigating through [HR@Home](mailto:HR@Home), click on “Benefits” under the Reference section and then “Prescription Drug Program Tools” under the Benefits section. You may want to print out the formulary list and bring a copy with you when you visit your doctor.

## **Prescription Drug Deductibles**

- A \$50 per person per calendar year deductible must be paid before copayments apply.

When purchasing prescription drugs, the calendar year deductible for each covered person on the plan must be paid first. Then on the remaining balance, the appropriate copay will follow on a claim over the deductible amount. The total of the prescription drug deductible and the copayment will not exceed the cost of the prescription. The prescription drug deductible is separate from the calendar year deductible on your medical and dental plans. Reimbursement for out-of-network benefits for prescription drugs will be limited to 50%.

## **Prescription Drug Copayments**

<u>Retail Program (30-day supply)</u>		<u>Mail Order Program (90-day supply)</u>	
Generic	\$12	Generic	\$36
Brand Formulary	\$30	Brand Formulary	\$90
Brand Non-formulary	\$50	Brand Non-formulary	\$150

Specialty Pharmacy Drugs are most often an injectable medication for chronic diseases. When you receive a prescription for a specialty drug, you will pay a \$100 copayment for a 30-day supply after the calendar year prescription deductible has been met. For more detailed information on Specialty Pharmacy Drugs, please see your Employee Benefits Handbook.

## *Dental Options and Coverage Details*

### **Waive Dental Coverage**

Waive dental coverage means that you are electing not to have dental coverage with United Concordia through Mutual of Omaha as your employer. Perhaps you prefer to be covered under a spouse's dental plan. Compare your options, look at dentists in the network, premiums or differences in coverage in order to find the best option.

When deciding whether to be covered by two plans, look at whether the benefit of double coverage is worth the cost. With Coordination of Benefits plan provisions, one plan will pay its full benefits first, then the other plan may only pay the amount it would have paid had it been the primary plan.

You will have the option to change your waive election every year at annual enrollment or when you have a Life Event, as long as the benefit change requested is consistent with the Life Event.

### **Dental**

Mutual of Omaha and United Concordia (UCCI) combined their experience to provide us the DentaBenefits plan. DentaBenefits balances savings, service and customer satisfaction by providing easy access to a large Advantage Plus network. The Advantage Plus network is available nationwide. When using Advantage Plus network providers, you reduce the cost of dental care expenses because the plan pays a larger percentage of the expenses and deductibles are lower. If you choose out-of-network providers, you will have higher out of pocket costs because the plan pays a lower percentage of expenses, the deductibles are higher and coinsurance percentages are higher.

To view the Advantage Plus network provider directory online, visit [www.dentabenefits.com](http://www.dentabenefits.com). Under Member Snapshot, click Find A Dentist, then select a specialty and one of five search method options. You may also navigate through Associate Access or through HR@Home. When navigating through Associate Access, click on "Dental" under the Benefits section and then "Provider Directory" to view the DentaBenefits UCCI Advantage Plus network providers. When navigating through **HR@Home**, click on "Benefits" under the Reference section and then "Dental Providers" under the Benefits section to view the DentaBenefits UCCI Advantage Plus network providers.

All benefits are subject to your calendar year deductible. Our dental plans at all locations cover preventive, basic services, major services and orthodontics. Two dental cleanings are covered per year. For detailed information on covered services, see the Employee Benefits Handbook on Associate Access or through HR@Home. When navigating through Associate Access, click on "Employee Benefits Handbook" under the Benefits section. When navigating through **HR@Home**, click on "Benefits" under Reference section and then "Employee Benefits Handbook" under the Miscellaneous section.

## *Dental Options and Coverage Details*

### Dental, continued

#### Percentage Paid for Covered Services After The Calendar Year Deductible Has Been Met

<u>Covered Services</u>	<u>Examples</u>	<u>In-Network Providers</u>	<u>Out-of-Network Providers</u>
Class I	Cleanings & X-rays	100%	100% of maximum allowance for out of network covered services
Class II	Prefabricated Crowns, Root Canals & Fillings	80%	60% of maximum allowance for out of network covered services
Class III	Cast Restoration Crowns, Dentures & Bridgework	60%	50% of maximum allowance for out of network covered services
Orthodontics	Braces	60%	50% of maximum allowance for out of network covered services
Annual Maximum		\$1,500	\$1,500
Orthodontics Lifetime Maximum		\$1,500	\$1,200

### Dental Deductibles

There is a calendar year deductible. A deductible is the amount of covered expenses that you must pay before the plan will start paying benefits. Below are the calendar year dental deductibles:

In-network

\$25 per person, \$50 per family

Out-of-network

\$75 per person, \$150 per family

### Predetermination of Benefits

If your dental expense is going to be over \$250, we recommend you submit a dental Predetermination of Benefits form to show you and your dentist, in advance, what benefits will be payable. If available, less expensive alternative treatment plans will be presented. To view the predetermination form, visit Associate Access or HR@Home. When navigating through Associate Access, click on “Dental” under the Benefits section and then “Dental Claim Form” under the Dental section. When navigating through HR@Home, click on “Benefits” under the Reference section and then “Dental Claim Form” under the Benefits section.

## Dental Options and Coverage Details

### Premiums Per Pay Period (Before Tax)

<i>Dental Coverage</i>	<i>You Pay (Per Pay Period)</i>
<b>Dental</b>	
Employee Only	\$3.50
Employee + One	\$7.50
Employee + Family	\$13.50

## Vision Option and Coverage Detail

### VSP Vision Benefits

- You can purchase VSP vision coverage, even if you did not elect one of our medical plans.
- By using a VSP participating vendor, you will have the following benefits:
  - Exam covered after a \$25 copay every 12 months
  - Prescription glasses (after a \$35 copay):
    - ◆ Lenses covered every 12 months
    - ◆ Frames covered up to \$130 every 24 months
  - Contact Lens Care has no copay. When you choose contacts instead of glasses, your \$130 allowance per year applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained.
  - Laser Vision Correction discounts
  - Go to [vsp.com](http://vsp.com) to search for a VSP participating vendor. To find out more about your VSP vision benefits, go to Associate Access or HR@Home. When navigating through Associate Access, click on “Vision” under the Benefits section and then either “VSP Benefits Summary” or “VSP Provider Look-up” under the Vision section. When navigating through [HR@Home](#), click on “Benefits” under the Reference section and then either “VSP Benefits Summary” or “VSP Provider Look-up” under the Benefits section.

For questions regarding the VSP Vision coverage, call 1-800-877-7195.

<i>VSP Vision Coverage</i>	<i>You Pay (Per Pay Period)</i>
<b>VSP Vision</b>	
Employee Only	\$3.80
Employee + One	\$5.45
Employee + Family	\$9.75

## *Health Care Flexible Spending Account*

### **Advantages of a Health Care Flexible Spending Account (FSA)**

The Health Care FSA allows you to set aside before-tax dollars to pay eligible medical, prescription drug, dental, and vision expenses that other benefit plans don't cover. The Health Care FSA reduces your taxable income because your contributions are deposited in the FSA on a pre-tax basis. On a pre-tax basis means that your contribution is deducted from your paycheck before taxes are withheld. Your FSA can help you pay for expenses that are predictable. For example, if your income was \$30,000 and your out-of-pocket expenses totaled \$540 and you had \$45 a month deducted from your paycheck before taxes, you could save \$122 in taxes over the course of the year, because your taxable income would be reduced.

### **Contribution Amounts**

Minimum - \$60 per year

Maximum - \$5,000 per year

### **Eligible Expenses**

- Medical/dental out of pocket expenses
- Copayments
- Deductibles
- Expenses not covered by the plans or over plan maximums
- Vision/hearing expenses
- Over the counter items used to treat an illness or injury that qualify for reimbursement (Examples listed on page 15)
- Lasik surgery to correct vision (make certain you are a candidate before enrolling in the FSA)

### **Setting Up Your Health Care Flexible Spending Account**

Estimate how much money you will need to cover your eligible expenses for the rest of this year to determine your annual contribution amount. Each year during annual enrollment period, as required by law, you will have the opportunity to re-enroll in the Health Care Flexible Spending Account. When you incur an eligible expense, you pay the expense, then you get reimbursed. You will have until March 31, of next year, to submit a claim for reimbursement requests for expenses incurred during the current year.

# *Health Care Flexible Spending Account*

## **Over the Counter (OTC) Medicines and Miscellaneous Items**

In order to qualify for reimbursement under the Flexible Spending Account (FSA), the primary purpose for these expenses must be for medical care. Therefore, items that are purchased only for the individual's general health or for personal reasons would not qualify. These lists are not all inclusive and other drugs or items not listed may fall into one of the categories described below. These lists are subject to change at anytime due to availability of OTC items or IRS regulations/guidance. If you have questions regarding a specific expense, please contact your tax advisor or call 402-351-3300 and select "2" for Payroll Department for clarification before making your FSA election.

## **Over the Counter (OTC) Qualifying Expenses for reimbursement under the Flexible Spending Account**

- Acid reducers
- Acne treatments
- Allergy medication
- Analgesics/pain medication
- Antacids
- Antibiotic ointment
- Anti-fungal treatments
- Antihistamines
- Anti-itch cream
- Antiseptic wash or ointments
- Arch & insole supports
- Arthritis pain relievers
- Arthritis gloves
- Bactine
- Bandages (band-aids, gauze & ace wraps)
- Benzocaine swabs
- Blood pressure test kit
- Bunion & blister treatments
- Calamine lotion
- Carpal tunnel wrist supports
- Chapsticks
- Cold/flu medications
- Cold/hot compresses
- Cold sore & fever blister medications
- Condoms & contraceptives
- Contact lens supplies
- Corn treatments
- Cough suppressants
- Crutches & canes (purchased or rented)
- Decongestants
- Denture adhesives
- Diabetic supplies
- Diuretics and water pills
- Diaper rash ointment
- Diarrhea medication
- Ear drops & wax removal
- Eczema cream
- Eye care (eye drops, reading glasses & eye patches)
- Fever-reducing medication
- First aid kits
- Gas prevention food enzyme dietary supplement
- Gas relief drops for infants & children
- Glucosamine/chondroitin for arthritis
- Glucose meters
- Hearing aid batteries
- Hemorrhoid treatment
- Hydrogen peroxide
- Iodine tincture
- Ipecac syrup
- Laxatives
- Lice control
- Liquid adhesive for small cuts
- Menstrual pain reliever
- Migraine relief
- Motion sickness pills
- Nicotine gum or patches
- Ovulation test kit
- Pedialyte for dehydration
- Pinworm treatment
- Pregnancy test kit
- Rubbing alcohol
- Sinus medication
- Sunburn relief , Aloe vera
- Sunscreen with SPF
- Thermometer
- Throat lozenges
- Toothache reliever
- Upset stomach medication
- Wart removal
- Yeast infection medication
- Zicam

## **OTC Potentially Qualifying Expenses**

To show that the expense is primarily for medical care, an authorization form from a licensed health care provider recommending the item to treat a specific medical condition is required for reimbursement.

- Breast pumps
- Cayenne pepper
- Dietary supplements
- Ear plugs
- Fiber supplements
- Fluoridation device or services
- Gloves and masks
- Incontinence supplies
- Medical alert bracelet & necklace
- Orthopedic shoes (excess cost over regular shoe)
- Prenatal vitamins
- Retin-A
- Rogaine
- Saline nose drops
- Sleep-aids
- Special foods (gluten-free or salt-free diet)

## *Health Care Flexible Spending Account*

### **Doctor's Authorization of Medical Necessity Form For Over the Counter Potentially Qualifying Expenses**

*The following over the counter items may qualify for reimbursement under the Flexible Spending Account with a **DOCTOR'S AUTHORIZATION OF MEDICAL NECESSITY***

• Breast pumps • Cayenne pepper • Dietary supplements • Ear plugs • Fiber supplements • Fluoridation device or services • Gloves and masks • Incontinence supplies • Medical alert bracelet & necklace • Orthopedic shoes (excess cost over regular shoe) • Prenatal vitamins • Retin-A • Rogaine • Saline nose drops • Sleep aids • Special foods (gluten-free or salt-free diet)

To show proof of medical necessity, complete all fields below and include this form each time you submit a receipt for your over the counter item. When completed, please send this to the address on the front side of this form.

**Date** \_\_\_\_\_ **Patient Name** \_\_\_\_\_

**Over-the-counter Item** \_\_\_\_\_

**Date(s) this over the counter item should be used to treat an illness or injury**  
\_\_\_\_\_

**Provider Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

The undersigned certifies that the above expense(s) were incurred for items that are intended to treat an illness or injury of the undersigned, my spouse or my dependents and the items are not intended to merely improve the general health of the undersigned, my spouse, or my dependents.

**Patient Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

### **OTC Expenses that are NOT a Qualifying Expenses**

- Appearance improvements
- Aromatherapy
- Breast enhancement system
- Cotton swabs
- Dental products (floss, mouthwash, fluoride, electric/regular toothbrushes & toothpaste)
- Diapers for infants & toddlers
- Diaper service
- Diet foods (Slimfast, Nutra System, Jenny Craig, etc.)
- Ear Piercing
- Facial & skin care for preventive & general purposes
- Feminine care products (tampons)
- Hair colorants & permanent waves
- Hair re-growth & removal treatment for cosmetic purposes
- One-a-day vitamins
- Nasal strips used by athletes
- Petroleum jelly
- Safety glasses
- Supplements taken to maintain general health
- Teeth whitening kits
- Toiletries (cologne, perfume, cosmetics, deodorant, soap, razors, skin moisturizer, shampoo, conditioner, shaving cream or lotion)

# *Health Care Flexible Spending Account*

## **Important Internal Revenue Service (IRS) Requirements**

- Money contributed to Flexible Spending Accounts must be used for eligible expenses incurred during the year that it is taken from your pay or it will be forfeited.
- Eligible expenses must be incurred after the date your plan participation begins.
- Money cannot be transferred between the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account.
- The amount paid out will be equal to the annual pledge anytime during the calendar year.

## **Reimbursement Methods**

To be reimbursed for you and your dependents' incurred expenses for health care, you have two methods to submit your expenses:

- Online
- Paper

### **Online Expense Reimbursement**

Eligible medical, dental, prescription drug and vision expenses are submitted through PeopleSoft Self Service to the claim system, if you have elected one of our medical and/or dental plans. You will receive an e-mail notifying you when these expenses are available for online submission for reimbursement. To view your account online, visit Associate Access or HR@Home. When navigating through Associate Access, click on "Medical" under the Benefits section and then "Your Health Care Flexible Spending Account" on the right hand side. When navigating through HR@Home, click on "Benefits" under the Reference section and then "Your Health Care Flexible Spending Account" under the Benefits section. Reimbursement account claim payments will be directly deposited into your payroll deposit account. Use the following link to watch videos to see how the Health Care FSA Accounts are processed for expenses processed through the claim system and not processed through the claim system - Associate Access - [http://associateaccess/hr/benefits/choiceflx/flexible\\_spending\\_accounts.html](http://associateaccess/hr/benefits/choiceflx/flexible_spending_accounts.html)

### **Paper Expense Reimbursement**

Eligible expenses that are not processed through our Employee Group Insurance Plan must be submitted on a paper claim form. These expenses include:

- Over-the-counter drugs
- Vision
- Lasik surgery
- Routine hearing exams and hearing aids
- Covered out-of-pocket medical, dental and prescription drug expenses incurred while you or your eligible dependents were covered under another medical or dental plan.

Paper claim forms are submitted to the Payroll Department for reimbursement. To print a copy of the paper claim form, navigate through Associate Access or HR@Home. When navigating through Associate Access, click on "Medical" under the Benefits section and then "Health Care FSA Claim Form" on the right hand side. When navigating through HR@Home, click on "Benefits" under the Reference section and then "Health Care FSA Claim Form" under the Benefits section.

## ***Dependent Care Flexible Spending Account***

### **Advantages of a Dependent Care Flexible Spending Account (FSA)**

The Dependent Care FSA allows you to set aside before-tax dollars to pay eligible dependent care expenses. The Dependent Care FSA reduces your taxable income because your contributions are deposited in the FSA on a pre-tax basis. Pre-tax basis means that your contribution is deducted from your paycheck before taxes are withheld. Consult your tax advisor to determine if participating in the dependent care account would be to your advantage based on your combined household income and financial situation.

### **Contribution Amounts**

If both you and your spouse work or you are a single parent, you can contribute to the dependent care account.

Minimum - \$60 per year

Maximum - \$5,000 per year

### **Eligible Expenses**

- Dependent Day Care expenses for an eligible dependent incurred while you are at work

Eligible expenses cannot exceed your spouse's earnings, unless your spouse is a full-time student or is disabled. If your spouse is a full-time student or disabled, their earnings are considered to be \$200 a month or \$400 a month if two or more dependents are receiving care.

### **Eligible Dependents**

An eligible dependent is someone you claim as a dependent on your tax return. The dependent must be under age 13 or a mentally or physically disabled spouse or dependent who lives in your home and is unable to care for himself or herself.

### **Setting Up Your Dependent Care Flexible Spending Account**

Estimate how much money you will need to cover your expenses for the rest of this year to determine your annual contribution amount. Remember vacation and school breaks (including the summer months). Each year during annual enrollment period, as required by law, you will have the opportunity to re-enroll in the Dependent Care Flexible Spending Account. When you incur an eligible expense, you pay the expense, and then you get reimbursed. You will have until March 31, of next year, to submit a claim for reimbursement requests for expenses incurred during the current year.

## *Dependent Care Flexible Spending Account*

### **Important Internal Revenue Service (IRS) Requirements**

- Money contributed to Flexible Spending Accounts must be used for eligible expenses incurred during the year that it is taken from your pay or it will be forfeited.
- Eligible expenses must be incurred after the date your plan participation begins.
- Money cannot be transferred between the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account.
- Expenses paid out are limited by the amount you contribute anytime during the year.

### **Reimbursement Method**

Once you incur and pay the expense, submit the expense to the Payroll Department. Use a reimbursement claim form and submit to PL – Payroll-Flexible Spending Accounts. If you are attaching a receipt with your claim form, remember a canceled check cannot be accepted as a receipt. To print a claim form, navigate through Associate Access or HR@Home. When navigating through Associate Access, click on “Medical” under the Benefits section and then “Dependent Care FSA Claim Form” on the right hand side. When navigating through HR@Home, click on “Benefits” under the Reference section and then “Dependent Care FSA Claim Form” under the Benefits section.

## *Employee Life Insurance*

### **Basic Employee Life Benefits**

- The coverage is equal to one times your Annual Benefit Salary. Annual Benefit Salary is defined in the Definitions Section of this Benefits Guide.
- Provided by the company at no cost to you
- Premiums for coverage exceeding \$50,000 (basic benefit only) are considered taxable income

### **Employee Supplemental Life Options**

- You may purchase an additional 1, 2, 3, 4 times your Annual Benefit Salary (Basic and Supplemental Life coverage cannot exceed a total of \$750,000)
- Includes waiver of premium for employees who become disabled

## *Employee Life Insurance*

### **Employee Supplemental Life Costs**

The premiums for Employee Supplemental Life Insurance are paid by you on an after tax basis. The after tax amount is based on your age as of your new hire date and your smoking status. Thereafter, your after tax amount is based on your age as of August 31 in the current year and your smoking status. The amount of your coverage will not change during the year, even if your monthly pay changes. Below you can calculate your premiums per \$1,000 of coverage per pay period based on your age and smoking status:

<b>Employee Age As of Benefits Start Date</b>	<b>Nonsmoker Monthly Rate per \$1,000 of Coverage</b>	<b>Smoker Monthly Rate per \$1,000 of Coverage</b>
Under 30	\$ .07	\$ .16
30-34	\$ .08	\$ .16
35-39	\$ .10	\$ .16
40-44	\$ .15	\$ .21
45-49	\$ .23	\$ .33
50-54	\$ .30	\$ .46
55-59	\$ .45	\$ .69
60-64	\$ .56	\$1.05
65 and older	\$ .98	\$3.38

**EXAMPLES:** If you are under 30 and a nonsmoker you would multiply **.07 x \$25,000 (employees' annual salary) /\$1,000 = \$1.75 per month** or if you are 42 and a smoker you would multiply **.21 x \$35,000 (employees' annual salary) /\$1,000 = \$7.35 per month**. Divide by two to determine your after tax per pay period cost.

## *Spouse Life Insurance*

### **Spouse Life Options**

You may purchase the following amounts of life insurance:

- \$10,000
- \$25,000
- \$50,000
- \$75,000

The amount of life insurance for your spouse or same sex domestic partner cannot be greater than the amount of insurance carried on you, that is your basic benefit plus any supplemental.

## *Spouse Life Insurance*

### **Spouse Life Costs**

Below you can calculate your pay per period after tax premiums per \$1,000 of coverage based on your spouse's age:

<b>Spouse Age</b>	<b>Monthly Rate per \$1,000 of Coverage</b>
Younger than 40	\$ .16
40-44	\$ .20
45-49	\$ .40
50-54	\$ .60
55-59	\$ .90
60-64	\$1.20
65 and older	\$2.70

**EXAMPLES:** If your spouse is younger than 40 and you want \$10,000 coverage you would multiply **.16 x \$10,000/\$1,000 = \$1.60 per month** or if your spouse is 45 and you want \$25,000 coverage you would multiply **.40 x \$25,000/\$1,000 = \$10.00 per month**. Divide by two to determine your after tax per pay period cost.

## *Child Life Insurance*

### **Child Life Options**

You may purchase the following amounts of life insurance:

- \$10,000
- \$15,000
- \$20,000

Dependent children at least 14 days old can be covered as long as they are an eligible dependent.

### **Child Life Costs**

One premium covers all eligible children. Below are your per pay period after tax premiums for the following benefits:

- \$10,000 - \$ .35
- \$15,000 - \$ .70
- \$20,000 - \$1.40

## ***Accidental Death & Dismemberment Insurance (AD&D)***

Accidental Death and Dismemberment benefits will be paid only if you die as a result of an accident or suffer certain losses in an accident. Benefits are also paid for paralysis as a result of an accident.

### **Basic AD&D Benefits**

- The employee will receive \$25,000 of employee AD&D coverage
- Provided by the company at no cost to you
- The premiums paid by the company for this coverage are considered taxable income

### **Supplemental AD&D Options**

- You may purchase additional Supplemental AD&D benefits for the employee and eligible dependents from \$50,000 to \$250,000 in \$50,000 increments.
- If you enroll in family coverage, the benefit for your spouse or your same sex domestic partner is 40% of your benefit and the eligible child benefit is 10% of your benefit.

<b>Employee</b>	<b>Spouse (40%)</b>	<b>Children (10%)</b>
\$50,000	\$20,000	\$5,000
\$100,000	\$40,000	\$10,000
\$150,000	\$60,000	\$15,000
\$200,000	\$80,000	\$20,000
\$250,000	\$100,000	\$25,000

### **Supplemental AD&D Costs**

Below are your per pay period before tax premiums for the following options you may purchase:

	<b>Employee Only</b>	<b>Employee + One or Employee + Family</b>
\$50,000	\$ .75	\$1.00
\$100,000	\$1.50	\$2.00
\$150,000	\$2.25	\$3.00
\$200,000	\$3.00	\$4.00
\$250,000	\$3.75	\$5.00

## *Long-Term Disability (LTD)*

### **Basic Long-Term Disability Benefits**

Long-Term Disability benefits replace a portion of your pay if you become disabled and are unable to work.

- At no cost to you, the company provides a basic monthly pay replacement of 60% of your Annual Benefit Salary, not to exceed a maximum monthly benefit of \$10,000
- There is a six-month period before benefits are payable

### **Long-Term Disability Supplemental Options**

- You may purchase an additional 10% of supplemental LTD coverage for a total monthly pay replacement of 70% of your Annual Benefit Salary, not to exceed a maximum monthly benefit of \$13,333

### **Long-Term Disability Supplemental Costs**

If you elect the additional 10% of coverage, your portion of the cost will be paid with before tax dollars from your pay. The cost is your monthly Annual Benefits Salary x .0030. Divide the monthly premium by two to get the per pay period premium.

## *Definitions*

**Accident:** An undesigned, sudden, and unexpected event in which you or your dependent is injured, and that injury is not due to a disease or sickness.

**After tax dollars:** Amounts taken from your paycheck after federal, state and Social Security taxes are deducted. Premiums for supplemental life insurance for the employee and life insurance for your spouse and your children are paid for with after-tax dollars.

**Annual Benefit Salary - For all employees, except for Mutual of Omaha Bank employees:**

(a) For salaried Employees hired prior to August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means base salary as of the last payroll in August of the Annual Benefit Salary Determination Period, plus any overtime pay and annual performance/production bonus paid during the 12 month period immediately prior to August 31 of the Annual Benefit Salary Determination Period.

(b) For salaried Employees hired after August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means base salary on the date of hire. For salaried sales Employees hired after August 31 of the Annual Benefit Salary Determination Period, Annual Benefits Salary means base salary on date of hire plus any annual guarantee or estimated annual bonus income determined by the applicable Affiliated Company employer on the date of hire.

## *Definitions, continued*

(c) For Employees who are paid on an hourly basis and were hired prior to August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means the total hourly compensation, plus any overtime pay and performance/production bonus, paid during the 12 month period immediately preceding August 31 of the Annual Benefit Salary Determination Period.

(d) For Employees who are paid on an hourly basis and were hired after August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means the annual equivalent salary (i.e., hourly rate x standard hours per month multiplied by 12) on the date of hire.

Except as described in the previous sentences, Annual Benefit Salary does not include irregular, nonrecurring or extraordinary payments (other than irregular compensation included in base salary pursuant to the applicable compensation plan document), such as, but not limited to, severance pay, termination pay, lump-sum vacation pay, initial employment (sign on) or critical position bonuses, consulting fees, Deferred Compensation payments, employment referral bonuses, directors' fees, expense reimbursements, contest awards, Quality award payments, employee performance awards, capital accumulation buy outs, relocation allowances, amounts not paid in cash or any payments reported on Form 1099 for tax purposes. Also, any commissions earned by division office personnel due to the personal sale of insurance or investment products and any imputed income because of taxable benefit amounts attributable to employer contributions will be excluded.

Annual Benefit Salary will only reflect changes in pay and scheduled hours that are in effect during the 12 month period immediately preceding August 31 of the Annual Benefit Salary Determination Period.

### **Annual Benefit Salary - For Mutual of Omaha Bank Employees:**

(a) For salaried Employees hired prior to August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means base salary as of the last payroll in August of the Annual Benefit Salary Determination Period, plus any overtime pay, paid during the 12 month period immediately preceding August 31 of the Annual Benefit Salary Determination Period.

(b) For salaried Employees hired after August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means base salary on the date of hire.

(c) For Employees who are paid on an hourly basis and were hired prior to August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means the total hourly compensation, plus any overtime pay, paid during the 12 month period immediately preceding August 31 of the Annual Benefit Salary Determination Period.

(d) For Employees who are paid on an hourly basis and were hired after August 31 of the Annual Benefit Salary Determination Period, Annual Benefit Salary means the annual equivalent salary (i.e., hourly rate x standard hours per month multiplied by 12) on the date of hire.

Except as described in the previous sentences, Annual Benefit Salary does not include irregular, nonrecurring or extraordinary payments (other than irregular compensation included in base salary pursuant to the applicable compensation plan document), such as, but not limited to, severance pay, termination pay, lump-sum vacation pay, initial employment (sign on) or critical position bonuses, consulting fees, Deferred Compensation payments, employment referral bonuses, directors' fees, expense reimbursements, contest awards, Quality award payments, employee performance bonuses, employee performance awards, capital accumulation buy outs, relocation allowances, amounts not paid in cash or any payments reported on Form 1099 for tax purposes.

## *Definitions, continued*

Annual Benefit Salary will only reflect changes in pay and scheduled hours that are in effect during the 12 month period immediately preceding August 31 of the Annual Benefit Salary Determination Period.

**Annual Benefit Salary Determination Period:** The calendar year preceding the year in which a Disability begins.

**Basic benefit:** Coverage is provided by the Company at no cost to you. Basic benefits are provided for Employee Life Insurance, Basic AD&D and Long-Term Disability (LTD) Insurance.

**Before tax dollars:** Amounts taken from your pay before federal, Social Security and, in most states, state income taxes are withheld. Therefore, you do not pay income taxes on most of the before tax dollars spent on premiums for the coverages you select and you have a tax savings because your taxable income is reduced.

**Child:** Your naturally-born child; a child that you have legally adopted; your step-child who is living in your home or who is the subject of a Qualified Medical Child Support Order requiring you or your spouse to provide health benefit coverage for the child; your Foster Child and an unmarried Child.

**Deductible:** The amount of covered services you must pay before benefits are paid. A family deductible is the maximum amount of covered services that two or more family members must pay before benefits are paid.

**Default Coverage:** Employee will have no medical and dental coverage, but will have Basic Employee Life Insurance, Basic AD&D and Basic Long-Term Disability (LTD) Insurance.

**Disability/Disabled:** Due to a sickness or injury, a significant change in your mental or physical functional capacity has occurred in which you are (1) prevented from performing at least one of the material duties of your regular occupation on a part-time or full-time basis; and (2) unable to generate current earnings which exceed 80% of your basic monthly earnings due to that same injury or sickness.

**Dismemberment:** Loss of limbs, eyes or eyesight.

**Formulary:** A list of preferred drugs that have been reviewed and approved by the Pharmacy and Therapeutics (P&T) committee. A formulary will be revised and updated according to the entrance of new drugs onto the market. Additions or revisions to the formulary occur only after a clinical review of the medical literature. At all times, therapeutic safety and efficacy are reviewed prior to financial considerations when the P&T committee makes a formulary decision.

**Foster Child:** a child you are raising as your own; who lives in your home; a child for whom you provide over on-half of the child's support during the calendar year; and a child for whom you have taken full parental responsibility and control.

**Imputed income:** The cost of Basic Employee Life Insurance premiums paid by the company for insurance coverage exceeding \$50,000 (basic benefit) is subject to income tax reporting. The amount of imputed income is based on your age and the amount of coverage you have in excess of \$50,000 (basic benefit only). The amount that is taxable is added to your regular compensation and appears under the "Other" column on the right side of your pay advice as "Basic Life Insurance." The cost is subject to Social Security (OASDI) and Medicare withholding. State and federal income taxes are not withheld during the year; however, the

## *Definitions, continued*

amount of imputed income will be included on your W-2 statement for the tax year and subject to state and federal income tax when completing your income tax return. Imputed income does not apply to supplemental life insurance coverage because the premiums are paid on an after tax basis.

**In-Network Provider:** A provider who is participating in a medical and/or dental network.

**Life Event:** Events that allow you to change most of your benefit elections at any time during the year. If you have a Life Event, you must notify the Corporate Benefits and Services Department **within 31 days**. Permissible election changes are defined as follows according to each benefit area:

- **Gain dependents (Marriage, Birth, and Adoption):** You may add dependent coverage in the medical and dental plans if you are enrolled prior to the Life Event. Spouse Life Insurance and/or Child Life Insurance may be added or increased by one level without proof of good health. This coverage may be increased by more than one level if proof of good health is furnished. Employee Life Insurance also may be increased by one level without proof of good health, and by more than one level with proof of good health. The amount in Health Care Flexible Spending Account may be added or increased. The amount in Dependent Care Flexible Spending Account may be added, increased, decreased or contribution stopped.
- **Dependent ceases to qualify as a dependent:** You must drop coverage for dependents under medical, dental, family AD&D, Spouse Life Insurance and Child Life Insurance. The former dependent may qualify for COBRA (extension of coverage for medical and/or dental), if the loss of eligibility is reported in a timely basis.
- **Lose dependents (Death or Divorce):** You must drop coverage if a dependent dies or you get divorced. Coverage under certain life options would be available without proof of good health. This could affect the level of medical coverage you currently have.
- **Spouse or dependent loses coverage (Loses job/decrease in work hours/strike/taking unpaid leave of absence):** You may add coverage for your spouse or dependents under any benefits area in which your spouse or dependent lost coverage. Coverage under certain life options would be available without proof of good health. This could affect the level of medical coverage you currently have.
- **Spouse or dependent obtains coverage (Change in job status/work schedule/return from unpaid leave of absence):** You may drop coverage for your spouse or dependent under any benefit area in which your spouse or dependent has recently obtained coverage through a group plan, because of a change in his or her job status or work schedule.
- **Transfer:** You can elect a higher deductible level by notifying the Corporate Benefits and Services Department within 31 days of your transfer.

**Lifetime maximum:** The combined benefits payable per person under all medical options for expenses incurred while covered.

**Out-of-Network Provider:** A doctor or other provider who is not participating in a medical and/or dental network.

**Out of Pocket Maximum:** Once the amount you have paid (excluding deductibles) for covered services reaches the dollar amount shown, the plan pays 100% of incurred expenses for covered services for the rest of the calendar year.

**Paralysis:** Complete loss of function on one side of the body, the lower extremities or both the upper and lower extremities, which is total, irrecoverable and uncorrectable.

## *Definitions, continued*

**Plan payments:** The percentage of expense the plan pays.

**Qualifying Child:** your child who has the same principal residence as you for more than one-half of the calendar year; a child for whom you provide more than one-half of the Child's support during the calendar year; and a child who has not have attained age 19 as of the end of the calendar year or who is a full-time Student and has not have attained age 24 as of the end of the calendar year.

**Qualifying Relative:** your child who is not your Qualifying Child, but for whom you provide over one-half of the Child's support for the calendar year, and who has not attained age 21 or who is a full-time Student and has not attained age 25.

**Receipt:** Proof of payment. In many cases, Explanation of Benefits (EOBs) statements are required to submit a claim under your Health Care Flexible Spending Account, if the automated claim process is not used. It is important that you retain copies of EOBs for expenses you plan to submit. Canceled checks cannot be accepted as receipts for dependent day care expenses. It is your responsibility to obtain a receipt from the day care provider showing dates of service and amounts paid, or have the provider sign the reimbursement claim form.

**Smoking status:** Smoking status for Supplement Life Insurance is determined by whether or not you have regularly used tobacco or tobacco related products in the past 12 months. Regular usage is defined as frequent, recurring and habitual usage. Regular usage does not mean irregular, occasional or passive use. If you are a new employee, "past 12 months" is defined as the 12-month period prior to your employment. If your smoking status changes during the year, contact the HR Hotline at (402) 351-3300 and select "1" for Benefits.

**Student:** a full-time student carrying at least 12 undergraduate or 9 graduate credit hours per semester at any accredited high school, trade school, college or university.

<p><b>FINAL NOTE:</b> This packet is only a summary of the Employee Benefit's program. A more complete description of the program's provisions and benefits can be found in the legal documents and contracts. In the event of a discrepancy between the legal documents and contracts and this material, the plan documents and contracts will rule. The Company reserves the right to make final decisions concerning the interpretation and application of the Employee Benefit's program and the benefit plans.</p>
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## *Benefits Enrollment Tips*

- Take advantage of using in-network providers to lower your out of pocket costs.
- To reduce your medical premiums, accept some risk by enrolling in the \$1,250 individual/\$2,500 family deductible PPO medical option.
- Use generic or formulary prescriptions versus brand nonformulary prescriptions in order to eliminate higher copayments.

## *Benefits Enrollment Tips, continued*

- Participate in the Flexible Spending Accounts (FSA) and save money by reducing your taxable income.
- Provide financial security for your family by enrolling in the Employee, Spouse and Child Life Insurance plans (if applicable), Accidental Death & Dismemberment and the additional 10% of supplemental Long-Term Disability plans.
- Keep your beneficiaries updated on-line with the correct beneficiary information to ensure that the person responsible for your expenses will receive the benefits payable.

## *Benefits FAQs*

1. **Q.** Are there any pre-existing condition exclusions on the medical or dental plans?  
**A.** There are no pre-existing condition exclusions on the medical or dental plans.
2. **Q.** I'm single and I don't anticipate having any out of pocket medical expenses for the rest of this calendar year, so which medical plan might be best for me?  
**A.** The \$1,250 individual/\$2,500 family deductible PPO medical option would be the cheapest option for someone who has no out of pocket expenses.
3. **Q.** I have three children, so how much premium would I pay each pay period for \$10,000 worth of Child Life Insurance coverage?  
**A.** One premium covers all eligible dependents for the Child Life Insurance coverage, so the cost per pay period would be \$.35.
4. **Q.** When are my 2009 benefits effective?  
**A.** The Basic Employee Life and Basic Long-Term Disability (LTD) coverages are effective your first day of active employment. All other benefit coverages are effective on the first of the month, following 14 days of employment. To see when your benefits will be effective, please refer to the Benefits Start Dates table in the Benefits Guide.
5. **Q.** Can I list my children, who are ages 16 and 14, as my beneficiaries for the life insurance and Accidental Death and Dismemberment (AD&D) coverage?  
**A.** You may list your children as your beneficiaries, but please note that since they are under the age of 19, they are considered minors and therefore any benefits that would be payable to them, would instead be paid to their legal guardian(s).
6. **Q.** What is dental pre-determination of benefits and when is it necessary?  
**A.** If the expense for your dental procedure(s) is going to be over \$250, we recommend you submit a dental Predetermination of Benefits form to show you and your dentist, in advance, what benefits will be payable. The Dental Claim form is available on Associate Access. Under the Benefits section, click on Dental and then Dental Claim Form.
7. **Q.** If I elect Accidental Death and Dismemberment (AD&D) coverage in addition to life insurance and I die in an accident, what benefits would be payable to my beneficiaries?  
**A.** Your beneficiaries would receive a life insurance benefit, as well as an AD&D benefit.

## *Benefits FAQs, continued*

8. **Q.** I understand that if I'm approved for disability, there is a six-month waiting period before Long-Term Disability (LTD) benefits would begin. Are there any disability benefits available during the six-month waiting period?
- A.** As a new employee, short-term disability benefits would be available to you, through an individual disability policy that you could purchase through Associate Insurance. Please contact John Power (x8069) for information on this coverage. After 12 months of continuous service the Extended Illness Plan would provide benefit after a five-day elimination period, if eligible.
9. **Q.** How does the family deductible work?
- A.** The family deductible amount is a combined deductible, which can be met through the covered expenses incurred by all covered family members. Once the family deductible is met, any additional covered expenses incurred by covered family members would be payable by the plan at the coinsurance percentage shown in the Summary of Medical Benefits table, found in the Benefits Guide.
10. **Q.** What if I waive (decline) medical coverage, because I'm already covered by my spouse's insurance, but then he subsequently loses his job and therefore his medical coverage ends?
- A.** This would be a qualifying Life Event and as long as you contact the Corporate Benefits and Services Department within 31 days of this event, you would be able to make permissible changes to your benefit elections.
11. **Q.** How do I elect my beneficiaries for my life insurance and the 401(k) Long-Term Savings Plan?
- A.** You will enter your beneficiary information through PeopleSoft Employee Self-Service. Entering your beneficiary information on-line through PeopleSoft Employee Self-Service will make it easier for you to review, change and update your designations at your convenience.

# *Paid Time Off*

## **Paid Time Off Overview**

Paid Time Off benefits available:

- Personal Time
- Vacation
- Holidays
- Extended Illness Plan (EIP)

Paid Time Off navigation:

- View the Paid Time Off policies on the Intranet by visiting Associate Access. Under the SBUs & Operations section, click on HR, then Company Guidelines, Policies and Information, then HR Policies and then HR Policy Manual
- Log on using your User ID and Password

# *Paid Time Off*

## **Personal Time**

Eligibility – Employees scheduled to work 20 or more hours per week (except for VP and above and temporary employees) will receive a pro-rated amount of Personal Time (based on the month of hire) on the 10th of the month following the completion of three full consecutive calendar months of employment, according to the following schedule:

### **Personal Time - New Hire Schedule**

<u>Employment Month</u>	<u>Hours Earned</u>	<u>Hours Earned</u>	<u>Hours Earned</u>	<u>Hours Earned</u>	<u>Pay Advice with First Award of Personal Time</u>
<b>Based on scheduled hours worked</b>	<b>38.75 (Regular Full-time)</b>	<b>40 (Regular Full-time)</b>	<b>30 up to Regular Full-time hours)</b>	<b>20 up to 30</b>	
January, 2009	26.00 Hours	26.75 Hours	20.00 Hours	8 Hours	05/10/2009
February, 2009	22.75 Hours	23.50 Hours	17.50 Hours	7 Hours	06/10/2009
March, 2009	19.50 Hours	20.00 Hours	15.00 Hours	6 Hours	07/10/2009
April, 2009	16.25 Hours	16.75 Hours	12.50 Hours	5 Hours	08/10/2009
May, 2009	13.00 Hours	13.50 Hours	10.00 Hours	4 Hours	09/10/2009
June, 2009	9.75 Hours	10.00 Hours	7.50 Hours	3 Hours	10/10/2009
July, 2009	6.50 Hours	6.75 Hours	5.00 Hours	2 Hours	11/10/2009
August, 2009	3.25 Hours	3.50 Hours	2.50 Hours	1 Hour	12/10/2009
September, 2009	38.75 Hours	40.00 Hours	30.00 Hours	12 Hours	01/25/2010
October, 2009	35.75 Hours	36.75 Hours	27.50 Hours	11 Hours	02/10/2010
November, 2009	32.50 Hours	33.50 Hours	25.00 Hours	10 Hours	03/10/2010
December, 2009	29.25 Hours	30.00 Hours	22.50 Hours	9 Hours	04/10/2010

Personal Time is based on scheduled hours per week. All Personal Time may be used at the employee's discretion. Employees will need to inform their managers or supervisors when they are absent due to their own illness.

# *Paid Time Off*

## **Vacation**

**Eligibility** - Employees (except for VP and above and temporary employees) are eligible to earn Vacation based on eligible hours paid. The amount of Vacation granted is based on years of service. New employees will be able to use vacation time as it appears on the pay advice, subject to manager approval.

**Accrual** – New employees will begin accruing vacation time on the first of the month following 14 days of service. The amount of Vacation accrued per pay period will vary based on the eligible hours paid in each pay period.

<b>Vacation Awarded to New Hires</b>		
Note: Adding a specific Number of Days to the Vacation Account of the Employee Will Not Affect the Vacation Amount Accrued or the Vacation Plan. The Specific Amount of Awarded Vacation Will Appear on the Employee's 25th Paycheck Following Their Benefits Effective Date.		
<u>Hire Dates</u>	<u>Vacation Accrual Start Date</u>	<u>Pay Advice w/ 1st Award of Vacation</u>
1/1/09 - 1/18/09	02/01/2009	02/25/2009
1/19/09 - 1/31/09	03/01/2009	03/25/2009
2/1/09 - 2/15/09	03/01/2009	03/25/2009
2/16/09 - 2/28/09	04/01/2009	04/25/2009
3/1/09 - 3/18/09	04/01/2009	04/25/2009
3/19/09 - 3/31/09	05/01/2009	05/25/2009
4/1/09 - 4/17/09	05/01/2009	05/25/2009
4/18/09 - 4/30/09	06/01/2009	06/25/2009
5/1/09 - 5/18/09	06/01/2009	06/25/2009
5/19/09 - 5/31/09	07/01/2009	07/25/2009
6/1/09 - 6/17/09	07/01/2009	07/25/2009
6/18/09 - 6/30/09	08/01/2009	08/25/2009
7/1/09 - 7/18/09	08/01/2009	08/25/2009
7/19/09 - 7/31/09	09/01/2009	09/25/2009
8/1/09 - 8/18/09	09/01/2009	09/25/2009
8/19/09 - 8/31/09	10/01/2009	10/25/2009
9/1/09 - 9/17/09	10/01/2009	10/25/2009
9/18/09 - 9/30/09	11/01/2009	11/25/2009
10/1/09 - 10/18/09	11/01/2009	11/25/2009
10/19/09 - 10/31/09	12/01/2009	12/25/2009
11/1/09 - 11/17/09	12/01/2009	12/25/2009
11/18/09 - 11/30/09	01/01/2010	01/25/2010
12/1/09 - 12/18/09	01/01/2010	01/25/2010
12/19/09 - 12/31/09	02/01/2010	02/25/2010

## *Paid Time Off*

### Vacation, continued

Maximum Vacation Earned per Twelve Month Period

Accumulated Service	Months of Service	In Days	In Hours (Scheduled 38.75 hrs)	In Hours (Scheduled 40 hrs)
Up to 5 yrs of service	0-59	10 days per year	77.50	80
5 yrs of service	60-119	15 days per year	116.25	120
10 yrs of service	120-179	17.5 days per year	135.63	140
15 yrs of service	180-299	20 days per year	155.00	160
25 yrs of service	300 +	25 days per year	193.75	

Eligible employees will earn Vacation at the hourly accrual rate based on service and eligible hours paid in each pay period according to the following schedule:

**Vacation Calculation Accrual Schedule for Full-Time Employees scheduled to work 38.75 hours**

Months of Service	Average Pay Period Vacation Accrual Rate	Average Vacation Accrual for 9 day/69.75 hrs pay period	Average Vacation Accrual for 10 day/77.50 hrs pay period	Average Vacation Accrual for 11 day/85.25 hrs pay period	Average Vacation Accrual for 12 day/93.00 hrs pay period	Maximum Vacation Allowed in Vacation Balance
0 to 59	.038461	2.68 hrs	2.98 hrs	3.28 hrs	3.58 hrs	116.25 hrs
60 to 119	.057692	4.02 hrs	4.47 hrs	4.92 hrs	5.37 hrs	155.00 hrs
120 to 179	.067307	4.69 hrs	5.22 hrs	5.74 hrs	6.26 hrs	174.38 hrs
180 to 299	.076923	5.37 hrs	5.96 hrs	6.56 hrs	7.15 hrs	193.75 hrs
300 plus	.096153	6.71 hrs	7.45 hrs	8.20 hrs	8.94 hrs	232.50 hrs

**Vacation Calculation Accrual Schedule for Full-Time Employees scheduled to work 40 hours**

Months of Service	Average Pay Period Vacation Accrual Rate	Average Vacation Accrual for 9 day/72.00 hrs pay period	Average Vacation Accrual for 10 day/80.00 hrs pay period	Average Vacation Accrual for 11 day/88.00 hrs pay period	Average Vacation Accrual for 12 day/96.00 hrs pay period	Maximum Vacation Allowed in Vacation Balance
<b>0 to 59</b>	<b>.038461</b>	<b>2.77 hrs</b>	<b>3.08 hrs</b>	<b>3.38 hrs</b>	<b>3.69 hrs</b>	<b>120.00 hrs</b>
<b>60 to 119</b>	<b>.057692</b>	<b>4.15 hrs</b>	<b>4.62 hrs</b>	<b>5.08 hrs</b>	<b>5.54 hrs</b>	<b>155.00 hrs</b>
<b>120 to 179</b>	<b>.067307</b>	<b>4.85 hrs</b>	<b>5.38 hrs</b>	<b>5.92 hrs</b>	<b>6.46 hrs</b>	<b>174.38 hrs</b>
<b>180 +</b>	<b>.076923</b>	<b>5.54 hrs</b>	<b>6.15 hrs</b>	<b>6.77 hrs</b>	<b>7.38 hrs</b>	<b>193.75 hrs</b>

Vacation is accrued twice monthly on the 15<sup>th</sup> and the last day of the month. To calculate your accrual each pay period, count the workdays only between the 1<sup>st</sup> and the 15<sup>th</sup> or between the 16<sup>th</sup> and the last day of the month. The number of workdays in that pay period will determine your accrual.

For example, an employee who has 60 to 119 months of service would receive the following accrual amounts using the calculation below:

If the count is 9 workdays, the accrual for that pay period would be:	4.02 hours	4.15 hours
If the count is 10 workdays, the accrual for that pay period would be:	4.47 hours	4.62 hours
If the count is 11 workdays, the accrual for that pay period would be:	4.92 hours	5.08 hours
If the count is 12 workdays, the accrual for that pay period would be:	5.37 hours	5.54 hours

Employees working less than Regular Full-time scheduled hours per week will need to use the chart above to calculate the Vacation Accrual based on Months of Service and then take the appropriate Average Pay Period Vacation Accrual Rate and multiply it by eligible hours paid in the pay period.

## *Paid Time Off*

### **Holidays – For all employees, except Mutual of Omaha Bank employees**

Eligibility for all employees, except for Continuum Worldwide Corporation – Regular Full-time (38.75 hrs), Regular Part-time (30 & up to 38.75 hrs), Limited Hours Part-time (20 & up to 30 hrs) and Flexible Part-time (< 20 hrs) employees are eligible for nine Holidays, if you are normally scheduled to work on the observed Holiday. Seven of the nine Holidays are scheduled Holidays and two are Floating Holidays.

Eligibility for Continuum Worldwide Corporation – Regular Full-time (40 hrs), Limited Hours Full-time (30 & up to 40 hrs), Regular Part-time (20 & up to 30 hrs) and Limited Hours Part-time (< 20 hrs) employees are eligible for nine Holidays, if you are normally scheduled to work on the observed Holiday.

Listed below are the Holidays observed for 2009:

New Year's Day  
Day After New Year's Day\*  
President's Day\*  
Memorial Day  
Day Before Independence Day  
Labor Day  
Thanksgiving Day  
Day After Thanksgiving Day  
Christmas Day

\*Denotes Floating Holiday

### **Holidays – For all Mutual of Omaha Bank employees**

Eligibility – Regular Full-time (40 hrs), Limited Hours Full-time (30 & up to 40 hrs), Regular Part-time (20 & up to 30 hrs) and Limited Hours Part-time (< 20 hrs) employees are eligible for ten Holidays as observed by the Federal Reserve, if you are normally scheduled to work on the observed Holiday.

Listed below are the Holidays observed for 2009:

New Year's Day  
Martin Luther King Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veterans' Day  
Thanksgiving Day  
Christmas Day

## *Paid Time Off*

### **Extended Illness Plan (EIP)**

The Extended Illness Plan (EIP) provides income to eligible employees who are determined by the Health Services Department to have an absence due to an illness and are unable to perform the duties of their assigned jobs.

Eligibility - Employees scheduled to work 30 or more hours per week are eligible for EIP coverage following 12 months of continuous employment working 30 or more hours per week.

Amount of Benefit – In the event of an eligible absence (not considered to be Workers' Compensation), the eligible employee will receive 70% of base pay after meeting the 5 day waiting period.

Maximum Benefit Period – The maximum number of days an eligible employee who is scheduled to work Regular Full-time hours is up to 125 days, which includes Holidays, in a rolling 12-month period. The maximum number of hours an eligible employee who is working 30 hours, but less than scheduled Regular Full-time hours is 750 hours, which includes Holidays, in a rolling 12-month period.