



Voluntary Hospital Indemnity Insurance

FOR EMPLOYEES OF ST. FRANCIS HEALTH SERVICES OF MORRIS, INC.

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

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| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

BENEFITS

AMOUNTS

Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 1 day per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

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| Hospital Admission | \$1,000 per admission |
| Daily Hospital Confinement | \$250 per day |
| ICU Admission | \$2,000 per admission |
| Daily ICU Confinement | \$250 per day |

SERVICES

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| Hearing Discount Program | The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
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VOLUNTARY HOSPITAL INDEMNITY PREMIUM RATES

The amounts shown below are **MONTHLY** amounts (12 payments/deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process.

| COVERAGE TIER | PREMIUM AMOUNT |
|-------------------------------------|--------------------------|
| Employee/Member | \$17.10 (\$0.56 per day) |
| Employee/Member + Spouse | \$37.64 (\$1.24 per day) |
| Employee/Member + Child(ren) | \$22.57 (\$0.74 per day) |
| Employee/Member + Family | \$45.17 (\$1.49 per day) |

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

Frequently Asked Questions

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

Is hospitalization due to childbirth covered?

Yes, maternity is covered under this policy.

What are “Express Benefits”?

This benefit is payable upon notification of an insured person’s hospital or ICU admission. It can be paid in a short time frame with minimal information (compared to a typical hospital or ICU admission claim).

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

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

When does this insurance end?

Insurance will end when an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are subject to the following:

- Treatment for injury or sickness must occur on or after the insured person’s coverage effective date and while the policy is in force. The benefit amounts payable are based on the type and amount of insurance in effect on the date treatment of injury or sickness occurs, subject to the definitions, limitations, exclusions and other provisions of the policy.
- The exclusions and additional limitations are summarized in the outline of coverage and detailed in the certificate.

All exclusions may not be applicable, or may be adjusted, as required by state regulations. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

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

The information describes some of the features of your group hospital indemnity plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan’s benefits, exclusions, and limitations. Should there be any discrepancy between the certificate booklet and this document, the certificate booklet will prevail.

Hospital Indemnity insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent.

