

TERM LIFE INSURANCE BENEFITS SUMMARY



For Employees of City of Bisbee

ELIGIBILITY – ALL ELIGIBLE EMPLOYEES

Employee Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 40 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.

GUARANTEE ISSUE AMOUNT(S)

For You	\$50,000
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Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	For You: \$50,000* <i>* In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i>
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FEATURES

Living Care/Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Coverage terminates at retirement.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Term life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001.

SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of City of Bisbee

ELIGIBILITY – ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 40 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> ▪ On the 8th day of your disabling injury. ▪ On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 70% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
Maximum Benefit Period	Short-term disability benefits are available for up to 25 weeks.
Maximum Weekly Benefit	\$575
Minimum Weekly Benefit	\$25
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You may be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings is the average gross weekly income you receive from your employer for the months immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Vocational Rehabilitation Incentive	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
Waiver of Premium	The premium for your short-term disability coverage is waived while you are receiving benefits.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
EXCLUSIONS & LIMITATIONS	
Information about the exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.	

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



Mutual of Omaha

For Employees of City of Bisbee

ELIGIBILITY – ALL ELIGIBLE POLICE & FIRE EMPLOYEES	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 40 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 100% of the premium for this coverage.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 180 days after the onset of your disabling injury or illness.
Monthly Benefit	Your benefit is equivalent to 67% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Maximum Monthly Benefit	\$2,500
Minimum Monthly Benefit	\$100
DEFINITIONS	
Definition of Disability	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> ▪ Prevented from performing at least one of the material duties of your regular occupation during the first 1 years of disability and after 1 years are unable to perform all of the material duties of any gainful occupation; and ▪ During the first 1 years of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 1 years are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation. <p>You can be totally or partially disabled during the elimination period.</p>
Definition of Monthly Earnings	Monthly earnings is the average gross monthly income you receive from your employer for the year immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Vocational Rehabilitation Incentive	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
Waiver of Premium	The premium for your long-term disability coverage is waived while you are receiving benefits.
Alcohol & Drug Abuse	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
Mental Disorders	For disabilities related to mental disorders, benefits are available for up to 24 months.

FEATURES (CONTINUED)

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

EXCLUSIONS & LIMITATIONS

Pre-existing Conditions Exclusion	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded.
Other Exclusions	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



THE NEED FOR LIFE INSURANCE

Life insurance is a simple answer to a very difficult question: How will my loved ones manage financially when I die? It's a subject no one really wants to think about. But, if someone depends on you financially, it's one question you cannot avoid.

PROTECTION FOR EVERY STAGE OF YOUR LIFE

Whether you're single, married, have children or are close to retirement, having life insurance is a must. Life insurance pays benefits to your loved ones after you die, replacing your income and allowing the financial plans you put in place to continue uninterrupted.

When determining how much life insurance you need, think about the expenses you may encounter through every stage of your life. Consider:

FINAL EXPENSES & OTHER DEBT

- Funeral costs and final medical expenses
- Mortgage and credit card debt
- Taxes and estate settlement costs

ONGOING EXPENSES

- Food and clothing
- Housing and utilities
- Transportation
- Health care
- Insurance

FUTURE EXPENSES

- College
- Retirement

HOW MUCH IS ENOUGH?

The toughest part of buying life insurance is determining how much you need. The amount of life insurance you need depends on your personal situation and financial goals. No matter what your current life stage, life insurance is there to protect your family financially – *even if you can't.*

INCOME REPLACEMENT & ASSETS	
Annual income your loved ones need now and in the future	\$ _____
(Current income multiplied by number years needed – for example: \$50k x 5 years = \$250,000)	
SUBTOTAL (INCOME) =	\$ _____
FINAL EXPENSES & OTHER DEBT	
Funeral Expenses	\$ _____
(\$15,000 is a reasonable estimate)	
Mortgage	\$ _____
Credit Card and other debt	\$ _____
(Balance, car loans, etc...)	
SUBTOTAL (DEBT) =	\$ _____
EDUCATIONAL FUNDS	
College costs per person	\$ _____
(4 years at Private \$118,000/ Public \$48,000 institution)	
SUBTOTAL (EDUCATION) =	\$ _____
TOTAL LIFE INSURANCE NEEDED	
INCOME + DEBT + EDUCATION =	
TOTAL NEED FOR LIFE INSURANCE	\$ _____

Term Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in every state but New York. Policy Form Number: 7000GM-U-EZ2001 or state equivalent.

Voluntary Term Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in every state but New York. Policy Form Number: 7000GM-U-EZ2001 or state equivalent.

VOLUNTARY TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Employees of City of Bisbee

ELIGIBILITY – ALL ELIGIBLE EMPLOYEES			
Employee Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) 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).		
Minimum Work Hours	You must be working a minimum of 40 hours per week to be eligible for coverage.		
Coverage Payment	You pay 100% of the premium for this coverage through easy payroll deduction.		
COVERAGE GUIDELINES			
	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$2,000
Maximum	5X annual salary, up to \$500,000	50% of employee's benefit, up to \$125,000	50% of employee's benefit, up to \$10,000
Guarantee Issue Amount	5X annual salary, up to \$100,000	50% of employee's benefit, up to \$50,000	50% of employee's benefit, up to \$10,000
<i>Note: Subject to any reductions shown below, Guarantee Issue means the amount of insurance applied for which does not require evidence of insurability. Coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability.</i>			
BENEFITS			
Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 19 (25 if a full-time student).</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>		
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>		
FEATURES			
Living Care/Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$250,000.		
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.		
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for an additional \$10,000 of coverage at your next enrollment, up to the Guarantee Issue Amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child).		
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt		
Portability	The portability feature allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.		

FEATURES (CONTINUED)	
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
AGE REDUCTIONS AND EXCLUSIONS	
<p>Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 65%. At age 75, amounts reduce to 45%. At age 80, amounts reduce to 30%. At age 85, amounts reduce to 20%. At age 90+, amounts reduce to 15%. Spouse coverage terminates at age 70. Coverage terminates at retirement.</p> <p>Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.</p> <p>Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.</p> <p>Please contact your employer if you have questions prior to enrolling.</p>	

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

VOLUNTARY TERM LIFE AND AD&D COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Premium Table (26 Payroll Deductions Per Year)										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0- 29	\$0.692	\$1.385	\$2.077	\$2.769	\$3.462	\$4.154	\$4.846	\$5.538	\$6.231	\$6.923
30- 34	\$0.738	\$1.477	\$2.215	\$2.954	\$3.692	\$4.431	\$5.169	\$5.908	\$6.646	\$7.385
35- 39	\$0.831	\$1.662	\$2.492	\$3.323	\$4.154	\$4.985	\$5.815	\$6.646	\$7.477	\$8.308
40- 44	\$1.154	\$2.308	\$3.462	\$4.615	\$5.769	\$6.923	\$8.077	\$9.231	\$10.385	\$11.538
45- 49	\$1.662	\$3.323	\$4.985	\$6.646	\$8.308	\$9.969	\$11.631	\$13.292	\$14.954	\$16.615
50- 54	\$2.031	\$4.062	\$6.092	\$8.123	\$10.154	\$12.185	\$14.215	\$16.246	\$18.277	\$20.308
55- 59	\$3.692	\$7.385	\$11.077	\$14.769	\$18.462	\$22.154	\$25.846	\$29.538	\$33.231	\$36.923
60- 64	\$5.308	\$10.615	\$15.923	\$21.231	\$26.538	\$31.846	\$37.154	\$42.462	\$47.769	\$53.077
65- 69	\$13.615	\$27.231	\$40.846	\$54.462	\$68.077	\$81.692	\$95.308	\$108.923	\$122.538	\$136.154
70- 74	\$24.138	\$48.277	\$72.415	\$96.554	\$120.692	\$144.831	\$168.969	\$193.108	\$217.246	\$241.385
75- 79	\$39.692	\$79.385	\$119.077	\$158.769	\$198.462	\$238.154	\$277.846	\$317.538	\$357.231	\$396.923
80+	\$80.215	\$160.431	\$240.646	\$320.862	\$401.077	\$481.292	\$561.508	\$641.723	\$721.938	\$802.154

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$15,000, \$20,000 or \$25,000). Refer to the Coverage Guidelines section for minimums and maximums if needed.

Spouse Premium Table (26 Payroll Deductions Per Year)										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0- 29	\$0.346	\$0.692	\$1.038	\$1.385	\$1.731	\$2.077	\$2.423	\$2.769	\$3.115	\$3.462
30- 34	\$0.369	\$0.738	\$1.108	\$1.477	\$1.846	\$2.215	\$2.585	\$2.954	\$3.323	\$3.692
35- 39	\$0.415	\$0.831	\$1.246	\$1.662	\$2.077	\$2.492	\$2.908	\$3.323	\$3.738	\$4.154
40- 44	\$0.577	\$1.154	\$1.731	\$2.308	\$2.885	\$3.462	\$4.038	\$4.615	\$5.192	\$5.769
45- 49	\$0.831	\$1.662	\$2.492	\$3.323	\$4.154	\$4.985	\$5.815	\$6.646	\$7.477	\$8.308
50- 54	\$1.015	\$2.031	\$3.046	\$4.062	\$5.077	\$6.092	\$7.108	\$8.123	\$9.138	\$10.154
55- 59	\$1.846	\$3.692	\$5.538	\$7.385	\$9.231	\$11.077	\$12.923	\$14.769	\$16.615	\$18.462
60- 64	\$2.654	\$5.308	\$7.962	\$10.615	\$13.269	\$15.923	\$18.577	\$21.231	\$23.885	\$26.538
65- 69	\$6.808	\$13.615	\$20.423	\$27.231	\$34.038	\$40.846	\$47.654	\$54.462	\$61.269	\$68.077

All Children Premium Table (26 Payroll Deductions Per Year)*									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.185	\$0.277	\$0.369	\$0.462	\$0.554	\$0.646	\$0.738	\$0.831	\$0.923	

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

If you would like to calculate the total premium for your Voluntary Term Life and AD&D benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

_____	+	_____	+	_____	=	_____
Employee Premium		Spouse Premium		Child(ren) Premium		Total Premium

WORLDWIDE TRAVEL ASSISTANCE FOR YOU AND YOUR FAMILY



Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length, and more than 100 miles from home.

PRE-TRIP ASSISTANCE*

Minimize travel hassles by calling us pre-departure for:

- Passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

EMERGENCY TRAVEL SUPPORT SERVICES

- **Translation and interpreter services** – 24/7 access to translators or interpreters
- **Locating legal services** – referrals for local attorney or consular offices and help maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** – coordination of credit card, airline ticket, or other documentation replacement
- **Vehicle return** – if evacuation or repatriation is necessary

MUGC8204_0508

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Worldwide Travel Assistance



ID Number: 9900MOO2

Services available for business and personal travel.
For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658

**CARRY THIS CARD WITH
YOU WHEN YOU TRAVEL**

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA,
which is not affiliated in any way with the
Mutual of Omaha companies.

MUGC8204-1_0508

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Travel Assistance

MEDICAL ASSISTANCE

- Locating medical providers and referrals for local sources of care
- Case communications on your medical status and communications between you and others including family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available locally, including payment of covered expenses
- Transportation home for further treatment
- In the event of death, we'll assist in returning mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with hotel arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination of medical insurance (including claims paperwork) and obtaining medical payments
- Assistance obtaining prescription drugs or other necessary personal medical items

- Participation in any military maneuver or training exercise
- Piloting, learning to pilot or acting as a member of the crew of any aircraft
- Mental or emotional disorders, unless hospitalized
- Participation in professional athletics
- Underwater activities
- Being under the influence of non-prescription drugs or intoxicants
- Involvement in a criminal act
- Participating in bodily contact sports, skydiving, hang gliding, parachuting, mountaineering, bungee cord jumping, and speed contests
- Pregnancy and childbirth (exception: complications of pregnancy)
- Traveling against the advice of a physician
- Traveling to obtain medical services or treatment

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are covered up to \$100,000 per person per event.

**Available at any time, not subject to 100 mile travel radius*

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA Assistance USA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Suicide, attempted suicide or self-inflicted injuries
- Participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), or civil war

Travel Assistance is an added benefit that your employer has purchased for you. You will not see this benefit on your enrollment form.

EMPLOYEE ASSISTANCE PROGRAM

When it's difficult to cope with problems, we often turn to family or friends for support. Unfortunately, sometimes that is not enough. Sometimes we need the ear of an experienced professional, one who will keep our concerns confidential and help guide us in the right direction.

Mutual of Omaha's Employee Assistance Program (EAP) has trained professionals to work with you as you search for solutions to personal and workplace issues.

EAP is paid for by your company and is available to help you deal with a variety of personal and professional issues. Staff members are highly trained, master's-level professionals with experience in family, personal, work-related and substance abuse issues. The program is voluntary and confidential; only your EAP professional will know you have called.

FOR FAMILY MEMBERS, TOO

Our staff understands that your family members also may benefit from speaking with an EAP professional. That's why the program is available to both you and your immediate dependent family members. Give each family member a copy of the EAP wallet card, below, so they'll have EAP contact information available at all times.

MUGC8223

PROGRAM SERVICES

Mutual of Omaha's EAP professionals have experience dealing with a variety of personal and professional issues, including:

- Stress
- Resiliency
- Depression
- Gambling and other addictive behavior
- Parenting
- Financial issues
- Life changes
- Relationship issues
- Drug/alcohol abuse
- Mental health
- Grief issues
- Balancing work and home
- Consultation – personal, family and work issues

DON'T DELAY – CALL TODAY

EAP professionals want to help you work through your concerns with an objective point of view. Start today by calling an EAP professional.

EAP staff members are available 24 hours a day, 7 days a week, every day of the year by calling 1-800-316-2796. If you would benefit from speaking with a professional face to face, the EAP staff can help you find appropriate resources in your area.

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<p><i>Mutual of Omaha's Employee Assistance Program</i></p> <hr/> <p>Professional, confidential, quality assistance...anytime</p> <p>1-800-316-2796</p> <p>mutualofomaha.com/eap</p>	<p>Confidential, professional help, 24 hours a day</p> <ul style="list-style-type: none">■ Stress/depression■ Resiliency■ Financial issues■ Family/relationship issues■ Drug/alcohol abuse■ Grief issues■ Other personal concerns <p>MUGC8223-1</p>
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You will not see this benefit on your enrollment form.