

> Voluntary Specified Disease Insurance



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

As an active employee of WideOrbit LLC, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Specified Disease insurance through Mutual of Omaha Insurance Company.

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

How much insurance is enough?

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

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - VCI - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 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 children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required.	
Specified Disease Benefits	Initial Benefit	Reoccurrence Benefit
Cancer Diagnoses		
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	\$250	100% of the Initial Benefit amount
Vascular & Pulmonary Conditions		
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount

Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Neurological Brain Condition		
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount
Organ Conditions		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
Additional Benefit		Benefit Amount
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)		\$50

COVERAGE GUIDELINES¹			
	Minimum	Maximum	Guarantee Issue²
For You Elect in \$1,000 increments	\$5,000	\$15,000	\$15,000
Spouse Elect in \$1,000 increments	\$1,000	100% of employee's Principal Sum, up to \$15,000	\$15,000
Child *benefit for each child	25% of employee's Principal Sum, up to \$3,000		All child amounts are guaranteed.
POLICY PROVISIONS			
Policy Benefit Maximum	The maximum payout amount is 200% of the specified disease Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
Initial Benefit	Specified Disease benefits are payable if an Insured Person is Diagnosed with a covered Specified Disease.		
Subsequent Benefit	Once an Initial Benefit has been paid for a Specified Disease for an Insured Person, benefits remain payable under the Policy for any other Specified Disease for that Insured Person.		
Reoccurrence Benefit	Once an Initial Benefit has been paid for a Specified Disease for an Insured Person, a Reoccurrence benefit is payable for a reoccurrence of the same diagnosis if the Insured Person is treatment free from the prior diagnosis for at least 365 days.		
Portability	When insurance ends, you have the right to continue group specified disease insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
Coverage Termination Due to Age	Coverage for you and your spouse terminates at age 65.		
Benefit Waiting Period	There is no benefit waiting period.		

¹The amount of insurance for your dependent children will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

²Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

VOLUNTARY SPECIFIED DISEASE COVERAGE SELECTION AND PREMIUM CALCULATION

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

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

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$1,000. 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 Specified Disease section of your enrollment form.

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

EMPLOYEE OR SPOUSE - 12 PAYROLL DEDUCTIONS PER YEAR

Age	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000
0 - 24	\$1.71	\$2.05	\$2.39	\$2.74	\$3.08	\$3.42	\$3.76	\$4.10	\$4.45	\$4.79
25 - 29	\$2.14	\$2.57	\$3.00	\$3.42	\$3.85	\$4.28	\$4.71	\$5.14	\$5.56	\$5.99
30 - 34	\$2.85	\$3.42	\$3.99	\$4.56	\$5.13	\$5.70	\$6.27	\$6.84	\$7.41	\$7.98
35 - 39	\$3.85	\$4.62	\$5.39	\$6.16	\$6.93	\$7.70	\$8.47	\$9.24	\$10.01	\$10.78
40 - 44	\$5.70	\$6.84	\$7.98	\$9.12	\$10.26	\$11.40	\$12.54	\$13.68	\$14.82	\$15.96
45 - 49	\$8.46	\$10.15	\$11.84	\$13.53	\$15.22	\$16.91	\$18.60	\$20.29	\$21.98	\$23.67
50 - 54	\$12.07	\$14.48	\$16.89	\$19.30	\$21.72	\$24.13	\$26.54	\$28.96	\$31.37	\$33.78
55 - 59	\$17.06	\$20.47	\$23.88	\$27.29	\$30.70	\$34.11	\$37.52	\$40.93	\$44.34	\$47.75
60 - 64	\$25.23	\$30.27	\$35.32	\$40.36	\$45.41	\$50.45	\$55.50	\$60.54	\$65.59	\$70.63

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$1,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

> Frequently Asked Questions

Who is eligible for this coverage?

- You must be actively working (performing all normal duties of your job) at least 20 hours per week and be under age 65
- 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

Can I insure my domestic partner or civil union partner?

Any reference to “spouse” includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the country, city or local government in your jurisdiction of residence.

What is the subsequent benefit?

Once an Initial Benefit has been paid for a Specified Disease for an Insured Person, benefits remain payable under the Policy for any other Specified Disease for the Insured Person, subject to any subsequent benefit separation period listed in the Policy Provisions section of this benefit summary.

What is the reoccurrence benefit?

Once benefits have been paid for a Specified Disease, a reoccurrence benefit is payable for a subsequent diagnosis of the same Specified Disease, as indicated in the Specified Disease Benefits table, subject to any reoccurrence benefit separation period listed in the Policy Provisions section of this benefit summary.

When does this insurance end?

Coverage for you and your spouse terminates at age 65.

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

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

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 6/6 which means any condition that you receive medical attention for in the 6 months prior to your effective date of coverage that results in a critical illness during the first 6 months of coverage, would not be covered.
- 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 of diagnosis of an injury or sickness, 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.

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 the underwriting company. Specified Disease insurance and accidental death & dismemberment insurance are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Mutual of Omaha Insurance Company is licensed nationwide. Policy form number 7000GM-M-EZ 2010. This policy provides SPECIFIED DISEASE insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. It is not a Medicare supplement policy. The expected benefit ratio for this policy is 70 percent. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

