

2025 BENEFITS GUIDE

Meaningful Benefits for All
Aspects of Your Life

BE

AT

YOUR

BEST



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NOTE: This packet is only a summary of the Employee Benefits program. A more complete description of the program's provisions and benefits can be found in the [Summary Plan Description](#), Plan documents and underlying contracts. In the event of a discrepancy between the Summary Plan Description (SPD) and the Plan documents, the plan documents and underlying 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.

Benefits Eligibility & Options

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

Benefit Plan	Coverage Effective Date	Regular Status			Temporary Status
		30 hrs or more	20 – 29 hrs	< 20 hrs	40 or less
Basic Employee Life & Basic Long-Term Disability	Date of Hire	X			
Health, Dental, Vision	Benefits Effective Date	X			*
Supplemental Life, Spouse Life, Child Life, Basic Accidental Death & Dismemberment, 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			
Voluntary Accident Insurance	Benefits Effective Date	X			
Voluntary Critical Illness Insurance	Benefits Effective Date	X			
Voluntary Hospital Indemnity Insurance	Benefits Effective Date	X			
Dependent Care Flexible Spending Account	Benefits Effective Date	X	X	X	
ARAG Legal Services w/ ID Theft Protection	Benefits Effective Date	X	X	X	
Nationwide Pet Insurance	Benefits Effective Date	X	X	X	X
Amplifon Hearing Discount Program	Benefits Effective Date	X	X	X	X
401(k) Plan	Benefits Effective Date	X	X	X	X
Vacation Accrual	Benefit Effective Date	X	X	X	X
Personal Time	Date of Hire	X	X	X	X
Holidays	Date of Hire	X	X	X	X
Tuition Reimbursement	Date of Hire	X	X		
Paid Parental Leave	After 1 year	X	X	X	X
Short-Term Disability	After 1 year	X	X	X	X

*May be eligible for health only benefits if scheduled hours are 30 hours or more per week

Your benefit effective date is based on your hire date with the company:

Hire Dates	Benefit Effective Date
1/1 – 1/18	2/1
1/19 – 2/16	3/1
2/17 - 3/18	4/1
3/19 - 4/17	5/1
4/18 - 5/18	6/1
5/19 - 6/17	7/1
6/18 - 7/18	8/1
7/19 - 8/18	9/1
8/19 - 9/17	10/1
9/18 - 10/18	11/1
10/19 - 11/17	12/1
11/18 - 12/18	1/1
12/19 - 12/31	2/1

Eligible Dependents

You may elect coverage for applicable benefits for yourself and any of the following dependents:

- Your spouse
 - A person to whom you are legally married.
- Your Child, or Foster Child, up to age 26, unless the Child meets the requirements as an Incapacitated Child
 - Your naturally born child; a child that you have legally adopted; your step-child; your foster child who has been placed in your care pursuant to a judgment, decree or court order; or a child for whom you have been appointed legal guardian.

NOTE: If you are enrolling a spouse for any coverage, you must provide a copy of your certified marriage license, if you are married, prior to your benefits effective date. You must also provide a birth certificate/adoption decree for each child you are covering under any of your benefits prior to your benefits effective date. These can be faxed to (402) 351-6192 or scanned/ emailed to benefits.hotline@mutualofomaha.com.

Level of Coverage Options

You can elect enrollment coverage for:

- Employee Only (Only you)
- Employee + One (You and one eligible dependent)
- Employee + Family (You and two or more eligible dependents)

Enrollment

Mutual of Omaha utilizes an electronic enrollment process. You will need to make elections prior to your benefits effective date.

Coverages elected remain in effect throughout the year, unless you experience a Qualified Life Event ("Life Event") as described below. Each fall, we offer an annual enrollment period so you can make sure your benefits help protect your changing needs. The elections that you make during annual enrollment will be your elections for the upcoming year.

Qualified Life Events

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 health 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 with the proper documentation, if required. 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.

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. If you do not contact the Corporate Benefits and Service Department within 31 days of the Life Event and you are electing to add a dependent, you will need to wait until the next annual enrollment. If you are removing a spouse and did not contact the Corporate Benefits Service Department, you will be required to pay the premium for that dependent for the remainder of the Benefit Year, but the dependent will be removed from your coverages, if ineligible. To request a Life Event change online, sign into PeopleSoft>click on the Benefits tile, and then click on Life Events.

For questions, you may also contact the Corporate Benefits and Services Department by calling the HR Hotline at 402-351-3300 and select option "1" or toll free 1-800-365-1405. You may also e-mail the Benefits Hotline for any questions you have regarding qualified Life Event changes.

Click here for more information on [Qualified Life Events](#).

Insurance Definitions:

- **Premiums:** money paid for an insurance policy.
- **Deductibles:** The amount you pay for healthcare services before your insurance starts to cover costs
- **Out-of-Pocket Maximum:** The most you'll pay in a year for covered services; after reaching this, your insurer pays 100% of covered costs.
- **Co-payments and Coinsurance:** Fixed amounts or percentages you pay for services, which can help manage expenses.
- **In-Network:** a list of health-care providers, hospitals, and facilities that a plan contracts with to provide medical care to its members.
- **Out-of-Network: Providers, hospitals or facilities that do not have a contract with the insurance company. The plan may pay not pay or only pay a portion of the charges.**
- **In-Network vs. Out-of-Network:** Seeing an in-network provider, generally saves on out-of-pocket costs that the member incurs.

Health Options and Coverage Details

Waive Health Coverage

Waiving health coverage means that you are not electing health coverage through your employment with Mutual of Omaha. If you waive coverage, you should have health coverage through another plan or you may be subject to fines/ penalties for not carrying health coverage (per the Affordable Care Act). When considering other options available to you, such as a spouse's plan, compare your options, look at physicians in the network, premiums and/or differences in coverage to find the best option for you and your family.

Many plans, including those offered to Mutual of Omaha employees, have a Coordination of Benefits plan provision. With Coordination of Benefits plan provisions, one plan will pay its full benefits first, then the other plan may only pay up to the amount what would have paid had it been the primary plan. You may find you are paying premium for two plans, but not receiving the anticipated benefits of both at the same time.

If you waive health coverage and experience a Life Event, such as a loss of other group health coverage, you can enroll in our plan by contacting us within 31 days of the Life Event.

Health Coverage

Mutual of Omaha has two different plans through Aetna. Aetna provides you coverage to a number of different providers.

- **Specialty care:** Direct access to specialists without prior approval from the plan.

In-network providers can be found online or by contacting Aetna Customer at 1-855-210-0024 or visiting www.aetnavigators.com.

Health Premiums (Before Tax)

Health Coverage	You Pay (Per Pay Period)
\$825 Individual/\$1,650 Family Deductible PPO Health Option	
Employee Only	\$114.50
Employee + One	\$229.00
Employee + Family	\$329.00
\$1,375 Individual/\$2,750 Family Deductible PPO Health Option	
Employee Only	\$58.00
Employee + One	\$122.50
Employee + Family	\$201.00

Low Deductible- \$825 PPO

	In-network	Out-of-network
Deductible- Single/Family	\$825/\$1650	\$1,200/\$2,400
Out-Of-Pocket Maximum-Single/Family	\$3,750/\$7,500	\$7,200/\$14,400
Co-insurance	20%	30%
Copays		
ER	\$100	\$100
Hospital Inpatient	\$120	\$120
Prescription Drugs		
30-day Generic/ Brand Formulary/Brand-Non-Formulary	\$15/\$50/\$90	Refer to SPD
90-day Generic/ Brand Formulary/Brand-Non-Formulary	\$45/\$150/\$270	Refer to SPD
30-day Specialty	\$150	Not Covered

High Deductible- \$1375 PPO

	In-network	Out-of-network
Deductible- Single/Family	\$1,375/\$2,750	\$2,100/\$4,200
Out-Of-Pocket Maximum-Single/Family	\$4,300/\$8,600	\$8,100/\$16,200
Co-insurance	20%	30%
Copays		
ER	\$100	\$100
Hospital Inpatient	\$120	\$120
Prescription Drugs		
30-day Generic/ Brand Formulary/Brand-Non-Formulary	\$15/\$50/\$90	Refer to SPD
90-day Generic/ Brand Formulary/Brand-Non-Formulary	\$45/\$150/\$270	Refer to SPD
30-day Specialty	\$150	Not Covered

We will recognize prior health plan deductibles for new hires and employees of an acquired company only with respect to medical (not prescription) expenses applied to deductibles of the plan that provided coverage during the employee's first Plan Year (January 1 – December 31) of service with our Company. This does not include copays and coinsurance applied towards your prior health coverage. Explanation of Benefits (EOB's) reflecting YTD deductibles can be faxed to Aetna; Attn: Tammy Richardson at 860-907-3894.

Please note that our High Deductible \$1375/ \$2750 PPO plan is not a qualified plan for HSA account set up. We offer a [Health Care Flexible Spending Account \(FSA\)](#).

For more information on your health benefits, [click here](#). For detailed information regarding covered services or the schedule of benefits please visit the [Summary Plan Description](#).

Dental Options and Coverage Details

Waive Dental Coverage

Waiving dental coverage means that you are not electing dental coverage through the Group Dental Plan. Perhaps, you are covered under a spouse's dental plan. Compare your options, look at dentists in the network, premiums and/or differences in coverage to determine the best option for you and your family.

Many plans, including those offered to Mutual of Omaha employees, have a Coordination of Benefits plan provision. With Coordination of Benefits plan provisions, one plan will pay its full benefits first, then the other plan may only pay up to the amount what would have paid had it been the primary plan. You may find you are paying premium for two plans, but not receiving the anticipated benefits of both at the same time.

If you waive health coverage and experience a Life Event, such as a loss of other group coverage, you may enroll in our plan by contacting us within 31 days of the Life Event.

Dental

Our Group Dental Plan covers preventive, basic services, major services and orthodontics. The Plan Administrator for the Group Dental Plan is Mutual of Omaha Workplace Solutions. The plan balances savings, service and customer satisfaction by providing access to the nationwide Mutually Preferred dental network.

When using in-network Mutually Preferred providers, you reduce your out-of-pocket dental care expenses because providers have agreed upon certain rates for their services, deductibles are lower and the plan pays a larger percentage of the expenses. If you choose out-of-network providers, you will have higher out of pocket costs because the deductibles are higher and the plan pays a smaller percentage of the expenses. In-network providers can be found online or by contacting Customer Service at 800-927-9197.

Dental Premiums Per Pay Period (Before Tax)

Dental Coverage	You Pay (Per Pay Period)
Employee Only	\$5.00
Employee + One	\$11.50
Employee + Family	\$21.00

Dental Coverage

All benefits are subject to a calendar year deductible, except for preventive care in-network benefits. 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

Covered Services	Examples	In-Network Providers	Out-of-Network Providers
Class I	Cleanings & X-rays**	100%	100% of maximum allowance for out of network covered services
Class II	Prefabricated Crowns, Root Canals & Fillings	80% after calendar year deductible	60% of maximum allowance for out of network covered services
Class III	Cast Restoration Crowns, Dentures & Bridgework, Dental Implants	60% after calendar year deductible	50% of maximum allowance for out of network covered services
Orthodontics	Braces	60% after calendar year deductible	50% of maximum allowance for out of network covered services
Annual Maximum		\$1,500 per person	\$1,500
Orthodontics Lifetime Maximum		\$1,500 per person	\$1,500

**Two dental cleanings are covered per calendar year for each covered person. Four dental cleanings are provided per calendar year for any covered person who is pregnant, has diabetes or heart disease.

Predetermination of Benefits

If you anticipate a dental expense is going to be over \$300, we recommend you have your dentist submit a dental Predetermination of Benefits form ([Dental Claim Form](#)), in advance, to confirm what benefits will be payable. If available, less expensive alternative treatment plans will be presented.

For more information on your dental benefits, [click here](#).

Vision Option and Coverage Details

Vision Benefits

Mutual of Omaha offers you the ability to elect vision coverage through EyeMed Vision Care. This plan provides vision care services such as eye exams and coverage options for glasses or contacts.

To search for an EyeMed Network participating providers, use the [provider search](#) to see if your eye doctor is in network. Please be sure to select "**Insight**", where it asks you to choose a network.

For more information on your vision benefits, [click here](#).

Vision Premiums

EyeMed Vision Coverage	You Pay (Per Pay Period)
Employee Only	\$4.82
Employee + One	\$6.91
Employee + Family	\$12.37

Vision Coverage

Vision Care Services		In-Network	Out-of-Network
Exam Services	Exam	\$25 copay	Up to \$40
	Retinal Imaging	Up to \$39	Not covered
Contact Lens Fit and Follow-Up	Fit and Follow-Up – Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
	Fit and Follow-Up – Premium	10% off retail	Not covered
Frame	Frame	\$0 copay; 20% off balance over \$150	Up to \$105
Standard Plastic Lenses	Single Vision	\$25 copay	Up to \$30
	Bifocal	\$25 copay	Up to \$50
	Trifocal	\$25 copay	Up to \$70
	Lenticular	\$25 copay	Up to \$70
	Progressive – Standard	\$25 copay	Up to \$50
	Progressive – Premium Tier 1-4	\$55 – 200 copay	Up to \$50
Lens Options	Anti-Reflective Coating – Standard	\$0 copay	Up to \$5
	Anti-Reflective Coating – Premium Tier 1-3	\$12 – 85 copay	Up to \$5
	Photochromic – Non-Glass	\$70	Not covered
	Polycarbonate – Standard	\$40	Not covered
	Polycarbonate – Standard <19 years of age	\$0 copay	Up to \$5
	Scratch Coating – Standard Plastic	\$0 copay	Up to \$5
	Tint – Solid and Gradient	\$15	Not covered
	UV Treatment	\$15	Not covered
	All Other Lens Options	20% off retail price	Not covered
Contact Lenses	Contacts – Conventional	\$0 copay; \$15 off balance over \$200 allowance	Up to \$140
	Contacts – Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$140
	Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$210
Other	Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1 (877) 203-0675	Not covered
	LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1 (800) 988-4221	Not covered

Frequency		Allowed Frequency – Adults	Allowed Frequency – Kids
	Exam	Once every calendar year	Once every calendar year
	Frame	Once every other calendar year	Once every other calendar year
	Lenses	Once every calendar year	Once every calendar year
	Contact Lenses	Once every calendar year	Once every calendar year

Flexible Spending Accounts (FSA)

The FSA reduces your taxable income because your contributions are deposited in the FSA on a pre-tax basis. This means that your contribution is deducted from your paycheck before taxes are withheld. 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. There are two types of FSA accounts: Health Care and Dependent Care.

Health Care Flexible Spending Account

The Health Care FSA allows you to set aside pre-tax dollars to reimburse you for eligible health, dental, vision and prescription drug expenses. You may use this account for yourself and any tax dependent. You can be reimbursed up to your annual pledge for eligible expenses you've incurred during your benefits eligibility period, even before you've had that amount withheld from your paychecks.

Contribution Amounts

If both you and your spouse work, you can contribute to the health care account. The maximum listed is a combined amount for you and your spouse. This is an IRS limit that you are not able to if you have been contributing to a Health Care Flexible Spending Account through another employer.

Minimum – \$60 per year

Maximum – \$3,200 per year

Eligible Expenses for Reimbursement

Your FSA can help you pay for expenses that are predictable. Consider the following types of expenses:

- Health/dental out of pocket expenses
- Deductibles
- Coinsurance/ Copayments
- Prescriptions
- Expenses not covered by the plans or over plan maximums
- Vision/hearing expenses
- Lasik surgery to correct vision (make certain you are a candidate before enrolling in the FSA)

IMPORTANT NOTE: Mutual of Omaha's Health Care Flexible Spending Account does not cover over the counter medications, even if prescribed by a physician, nor is prescribed marijuana a covered expense. We also don't cover for taxes and shipping charges.

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. The maximum listed is a combined amount for you and your spouse. This is an IRS limit so you need to make sure you don't exceed it, if you have been contributing to a Dependent Care Flexible Spending Account through another employer.

Minimum – \$60 per year

Maximum – \$5,000 per year

Eligible Expenses

- Dependent Daycare expenses for an eligible dependent

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.

Contributing to your 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.

For Health Care: Estimate how much money you will need to cover eligible expenses for yourself and your tax dependents for the period from your benefit effective date to the end of the year. We will automatically divide your total contribution amount evenly across your eligible paychecks.

For Dependent Care: Remember vacation and school breaks (including the summer months). When you incur an eligible expense, you pay the expense, and then you get reimbursed up to the amount of money you have in your Dependent Care FSA.

Each year during annual enrollment period, as required by law, you will have the opportunity to re-enroll in Health Care and 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. For Health Care FSAs, \$500 of remaining balance will be rolled over to the next year. Any remaining balance over \$500 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.
- If you or your dependents are enrolled in a Health Savings Account ("HSA") through another plan, participation in a Health Care FSA could jeopardize the ability to make contributions to the health savings account. For additional information, contact your tax advisor.

Submitting Claims

Claims submitted by Monday at Noon (CST) are processed the same week. Reimbursements are directly deposited into your existing payroll deposit account on Fridays after the claim has been processed.

Please note, after December 31, 2025, you will have until March 31, 2026, to submit reimbursement claims for both dependent care and health care expenses incurred during 2025. After this date, remaining balances up to \$500 will be available for rollover of the Health Care FSA.

Reimbursement Methods

Online Expense Reimbursement-only available for Health Care FSA

If you are enrolled on our health, dental and/or vision plans, your reimbursement claim can be submitted online by signing on to PeopleSoft, click on the Benefits Tile, Benefits Summary tile and then scroll down to Health Care Reimb and click on Review. You will receive email notification alerting you of eligible claims that have been loaded every Tuesday, that are eligible for reimbursement.

[Instructions on how to submit a Health Care claim online.](#)

Paper Expense Reimbursement

Eligible expenses that are not processed through our online system will need to be submitted on a paper claim form. These expenses may include:

- Vision, if not covered under EyeMed
- Lasik surgery
- Routine hearing exams and hearing aids
- Covered out-of-pocket health, dental, vision and prescription drug expenses incurred while you or your eligible dependents were covered under another health, dental or vision plan.

Paper claim forms and supporting documentation are submitted to the Benefits Department for reimbursement by e-mailing them to the Benefits.Hotline@mutualofomaha.com.

You have until March 31, 2026, to submit reimbursement claims for health care expenses incurred during 2025.

For more information on the Health Care Flexible Spending Account (FSA) and for a paper claim form, [click here](#).

For more information on the Dependent Care Flexible Spending Account (FSA) and for a paper claim form, [click here](#).

* If you are attaching a receipt with your claim form, remember a canceled check cannot be accepted as a receipt.

Paid Time Off Benefits

Paid time off benefits available:

- [Holidays](#)
- [Personal Time](#)
- [Vacation](#)
- [Parental Leave/Adoption Leave](#)

Click on each above benefit to learn more about each type of time off.

Holidays

Employees normally scheduled to work on a company observed Holiday are eligible for Holiday Pay.

Holiday Schedule for 2025

Mutual of Omaha Insurance Holidays
New Year's Day
Martin Luther King, Jr. Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving Day
Christmas Day
Day after Christmas Day

Personal Time

Personal time can be used for sick time, and at your discretion, with manager's approval, for any time away from work.

Hire Month	40 hrs/week	30 – 39 hrs/week
1/1/2025	56	42
2/1/2025	51.50	38.50
3/1/2025	47	35
4/1/2025	42.50	31.50
5/1/2025	38	28
6/1/2025	33.50	24.50
7/1/2025	29	21
8/1/2025	24.50	17.50
9/1/2025	20	14
10/1/2025	15.50	10.50
11/1/2025	11	8
12/1/2025	8	8

Vacation

New employees will begin to accrue vacation on their benefits effective date. Vacation time can be used at your discretion, and with manager's approval, for any time away from work.

Years of Service	Annual Vacation Accrual Rate	Hourly Accrual Rate	Vacation Limit
Up to 5 yrs of service	15 days per year	0.057692	20 days
5 yrs of service	18 days per year	0.069231	23 days
10 yrs of service	20.5 days per year	0.078846	25.5 days
15 yrs of service	23 days per year	0.088462	28 days
25 yrs of service	28 days per year	0.107692	33 days

Vacation is earned and accrued each pay period. Vacation balances rollover from year to year. Accrual continues unless you reach the vacation limit. This limit is equivalent to your accrual rate plus 5 days. You will get a system notification when you are nearing your limit and when you have reached your limit and are no longer accruing. The amount you receive may vary based on the number of days, or hours worked, within the pay period.

Your vacation balance will be visible on your pay advice and can be accessed using the Vacation Planner in PeopleSoft. You will see your first vacation balance on the paycheck received on the 25th of the month following your benefits effective date.

Benefits Effective Date	Pay Advice w/1st Award of Vacation
01/01	01/25
02/01	02/25
03/01	03/25
04/01	04/25
05/01	05/25
06/01	06/25
07/01	07/25
08/01	08/25
09/01	09/25
10/01	10/25
11/01	11/25
12/01	12/25

Parental Leave/Adoption Leave

Parental Leave provides up to four weeks of paid parental leave based upon the number of hours the employee is regularly scheduled to work per week (two weeks coded as Parental Leave and two weeks as additional vacation) per maternity/adoption occurrence for eligible employees with one full year of continuous employment. Parental Leave will need to be taken within six months of the birth or adoption. Health Services administers both parental leave and adoption leave. Please contact them by phone at 402-351-2016 or email [DG-Health Services](#).

The adoption of a child is an important family event. To learn more about adoption assistance, [click here](#).

401(k) Savings Plan

Our 401(k) plans are long term savings plans set up to assist you for saving for retirement, and we encourage you to save appropriately. All employees are eligible to participate in the 401(k) plan upon your benefits effective date. You may contribute a total of 1-75% (in full percentage points) of your earnings on a before-tax or after-tax basis each pay period.

If you were accruing benefits under the Mutual of Omaha Retirement Income Plan as of December 31, 2016, the company will match 50% of your contributions, up to the first 7% of your eligible earnings.

If you were not accruing benefits under the Mutual of Omaha Retirement Income Plan as of December 31, 2016 or were hired or rehired as an employee on or after January 1, 2017, Mutual of Omaha will match \$1 for \$1 on the first 6% of your contributions. Mutual of Omaha will also contribute an additional 2% of your compensation earned during the Plan year just for being an employee. This additional 2% contribution will be known as the Employer Retirement Contribution (the “ERC”).

The company matching contributions and ERC are deposited at the same time as your contributions

You are always 100% vested in your contributions and are immediately 100% vested in company matching contributions (subject to gains and losses). However, if you are eligible for ERC, those contributions are subject to a three-year graded vesting schedule as shown below:

<u>Years of Service</u>	<u>% Vested</u>
One	33%
Two	66%
Three	100%

Initial Enrollment: To begin your contributions in conjunction with your benefits effective date, your initial enrollment will be part of your electronic benefits enrollment process.

Employee Contribution Changes: You can change your 401(k) contribution percentages at any time after initial enrollment by logging in to PeopleSoft. Keep in mind the timing of when you change your percentages, as they correspond with payroll deadlines. Changes to your employee contribution percentage are processed in conjunction with each pay period and will be processed as soon as administratively feasible.

Investment Election Changes: You may make changes to your asset allocations of contributions, as well as transfer your existing account balances to different investment alternatives. Information and directions can also be found on [Associate Access](#).

Prior to age 59½, our plan does allow for [loans](#) and [hardship](#) withdrawals as defined by the IRS.

Your employee contributions to the plan plus any amount deferred under other qualified retirement plans cannot exceed a maximum set by the IRS for each calendar year. The maximum employee contribution limit does not include catch-up contributions, which is for employees over age 50.

Our plans do accept rollovers from other qualified plans. You can do this at any time. Information and necessary forms can be found on [Associate Access](#).

For more information on your 401(k) benefits, [click here](#).

Income Protection Benefits

Short-Term disability and Long-Term Disability help protect your income and future. If you couldn't work for an extended period, how long could you and/or your family keep your lifestyle? Short-Term disability replaces part of your income if you're unable to work due to childbirth, illness or injury. Long-Term Disability helps cover your day to day living expenses when you're not able to work for an extended time due to an illness or injury. Both of these benefits support you through non-work-related illness or injuries.

Short-Term Disability Benefits

The Short-Term Disability ("STD") Plan provides short-term income replacement benefits for 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.

If you are experiencing or anticipating a short-term disability, you will be assigned a case manager from Health Services to assist you with this benefit.

Eligibility – Employees are eligible for STD coverage following 12 months of continuous employment.

Amount of Benefit for Eligible Employees – In the event of an eligible absence, you will receive 70% of base pay after meeting the 5-day waiting period.

Maximum Benefit Period – Up to 125 days in a rolling 12-month time period, which includes holidays. This period can be used to fill the waiting period for Long-Term Disability.

This does include how STD is calculated for employee who have variable pay.

For more information on Short-Term benefits, [click here](#).

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 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 waiting period before benefits are payable

As a new hire, your Annual Benefits Salary is equivalent to your annual salary, plus any transitional salary arrangement for production sales employees. Each year, Mutual of Omaha will calculate a new Annual Benefits Salary for the upcoming calendar year based on your salary as of August 31, plus your eligible earnings in the 12 months preceding that date. You may reference the [Summary Plan Description](#) for a more detailed description.

Long-Term Disability Supplemental Options and Costs

- 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 \$20,000)
- If you elect the additional 10% of coverage, your portion of the cost will be paid with before tax dollars from your pay.
- The premium rates will be visible on your enrollment. The pay period rate is equal to your monthly Annual Benefits Salary x .0030/2.

For more information on Long-Term benefits, [click here](#).

Supplemental Health Benefits

Supplemental health benefits can help you pay for expenses not covered by health insurance. The expenses may come from accidents, illness, and hospital stays.

Voluntary Accident Insurance

Accident insurance provides a lump-sum cash benefit for injuries you or an insured family member sustains as a result of an accident. This benefit can help safeguard your savings by paying out-of-pocket medical expenses as determined by the plan, supplementing daily living expenses and covering lost income from unpaid time off work. Voluntary Accident Insurance coverage is effective on your benefits effective date.

Current Voluntary Accident Pay Period Premiums

Employee Only	\$4.70
Employee + 1	\$7.45
Employee + Family	\$11.34

For more information on Voluntary Accident Insurance, [click here](#).

Voluntary Critical Illness Insurance

A Critical Illness insurance policy can provide the extra security you need to help lessen the financial impact associated with the treatment and recovery from a serious illness as determined by the plan. Critical Illness insurance helps take care of your bills so you can focus on what's most important – recovery. Voluntary Critical Illness Insurance coverage is effective on your benefits effective date.

Current Voluntary Critical Illness Pay Period Premiums

Age	\$5,000	\$10,000	\$15,000	\$30,000
0-29	\$0.55	\$1.10	\$1.65	\$2.20
30-39	\$1.00	\$2.00	\$3.00	\$4.00
40-49	\$2.20	\$4.40	\$6.60	\$8.80
50-59	\$4.63	\$9.25	\$13.88	\$18.50
60-69	\$9.63	\$19.25	\$28.88	\$38.50

For more information on Voluntary Critical Illness Insurance, [click here](#).

Voluntary Hospital Indemnity Insurance

Hospital Indemnity Insurance supplements an employee's existing health insurance coverage. It pays a benefit to the insured to use as they wish to help them pay for any out-of-pocket expenses, they may incur due to a hospital stay.

Current Voluntary Hospital Indemnity Pay Period Premiums

Employee Only	\$4.50
Employee + 1	\$9.50
Employee + Family	\$12.25

For more information on Voluntary Hospital Indemnity Insurance, [click here](#).

Life and Loss Benefits

Life insurance is protection for those who you'll leave behind. It pays a benefit at the time of death that can help with final planning and loss of future income.

The Employee, Spouse and Child Life options are term life products. As a new hire, you may elect any level of coverage without needing to provide proof of good health. After your new hire enrollment, life restriction rules apply, meaning you will only be able to move up one level at annual enrollment, or Life Event, without proof of good health at your own expense.

Basic Employee Life Benefits

- At no cost to you, the company provides a basic life insurance benefit equal to one times your Annual Benefits Salary.
- This coverage is effective your first day of employment.
- You will be asked to identify a beneficiary.
- Premiums for coverage exceeding \$50,000 (basic benefit only) are considered taxable income.

As a new hire, your Annual Benefits Salary is equivalent to your annual salary, plus any transitional salary arrangement for production sales employees. Each year, Mutual of Omaha will calculate a new Annual Benefits Salary for the upcoming calendar year based on your salary as of August 31, plus your eligible earnings in the 12 months preceding that date. You may reference the [Summary Plan Description](#) for a more detailed description.

Employee Supplemental Life Options

- As a new hire, you may elect to purchase increments of 1, 2, 3 or 4 times your Annual Benefit Salary without needing to provide proof of good health.
- The maximum amount of employee group life insurance cannot be greater than \$750,000 (Basic and Supplemental Life combined).

Employee Supplemental Life Costs

- Premiums are based on your age as of Aug 31 in the preceding year. The amount of your coverage will not change during the year, even if your monthly pay changes.
- Your rates will be visible when you are completing your enrollment.
- For reference, you can calculate your premiums using the below premiums.

Employee Age as of Benefits Start Date Monthly Rate per \$1,000 of Coverage (paid after tax)	
Under 30	\$ 0.05
30-34	\$ 0.07
35-39	\$ 0.09
40-44	\$ 0.10
45-49	\$ 0.15
50-54	\$ 0.23
55-59	\$ 0.43
60-64	\$ 0.53
65-69	\$ 0.93
Over 70	\$ 0.98

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 cannot be greater than the total amount of group life insurance carried on you, including basic and supplemental coverage.

Spouse Life Costs

	Per Pay Period Premium Based on Coverage Level Elected:			
Spouse's Age	\$10,000	\$25,000	\$50,000	\$75,000
Younger than 40	\$0.80	\$2.00	\$4.00	\$6.00
40-44	\$1.00	\$2.50	\$5.00	\$7.50
45-49	\$2.00	\$5.00	\$10.00	\$15.00
50-54	\$3.00	\$7.50	\$15.00	\$22.50
55-59	\$4.50	\$11.25	\$22.50	\$33.75
60-64	\$6.00	\$15.00	\$30.00	\$45.00
65 and older	\$13.50	\$33.75	\$67.50	\$101.25

Child Life Options and Premiums

You may purchase the following amounts of life insurance for your eligible children whom are at least 14 days old. Children may be covered through the end of the month in which they turn 26.

One premium will cover all eligible children. Below are the per pay period after tax premiums based on coverage level elected:

Coverage	Per Pay Period
\$10,000	\$0.35
\$15,000	\$0.70
\$20,000	\$1.40

For more information on life insurance, [click here](#).

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death and Dismemberment benefits will be paid if you die or become seriously injured in an accident. This is a separate benefit from life insurance. An accident is defined as a sudden and unexpected event in which you or your dependent is injured, and the injury is not due to a disease or sickness. This benefit can help offer financial protection for those who depend on you. Detailed information about injuries can be found in the [Summary Plan Description](#).

Basic AD&D Benefits

The company provides \$25,000 of employee AD&D coverage at no cost to you.

Supplemental AD&D Options

- You may purchase additional Supplemental AD&D benefits for yourself and your eligible dependents from \$50,000 to \$250,000 in \$50,000 increments.
- If you enroll in family coverage, coverage for spouse or children is as follows:

Employee	Spouse (40%)	Children (10%)
\$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 the per pay period after tax premiums for the following options you may purchase:

	Employee Only	Employee + One or Employee
\$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

For more information on Life and AD&D benefits, [click here](#).

Other Benefits Available

Voluntary ARAG Legal Services with ID Theft Protection

The Mutual of Omaha Voluntary Legal Services Plan offers legal expense insurance through ARAG. If you enroll in the voluntary legal services plan, you will receive access to consult with an attorney in person or via phone and have access to a range of online resources.

Option	Coverage Provided
<u>UltimateAdvisor</u> \$9.77 per pay period	Identity Theft Protection, Consumer Protection, Criminal Matters, Real Estate Matters, Debt-Related Matters, Wills and Estate Planning, Divorce and DIY Documents

For more information on the ARAG Legal Service and Identity Theft Protection, [click here](#).

Nationwide Pet Insurance

Pets become part of your family. When something happens, you want to do everything possible to help them, but it can be expensive. Mutual offers pet insurance to help put your mind at ease and help you be prepared when you need it most. This an optional benefit.

Nationwide® covers a wide range of medical problems and conditions related to accidents and illnesses, including cancer. It's available for dogs, cats, birds and exotic pets. There is also an additional wellness care option for vaccinations, flea/tick prevention and more. And you can use any veterinarian worldwide even specialists and emergency care providers.

Enrollment can happen anytime during the year by visiting the [enrollment page](#). You can also change or cancel your pet insurance coverage at any point. Just remember pre-existing conditions are not covered. If you have questions about the coverage or enrollment, call Nationwide at 877-738-7874 or visit [PetsNationwide.com](#).

For more information on Nationwide Pet Insurance, [click here](#).

Amplifon Hearing Discount Program

Do you or a family member live with hearing loss? Mutual of Omaha offers a comprehensive, affordable hearing care program through Amplifon Hearing Health Care, one of the nation's largest providers of hearing discounts. There are no premiums or no sign up needed for this program. It is available to you at any time as an active employee.

All you have to do to get started in order to get the discounts is call 888-713-7655 and Amplifon will find a provider near you. A patient care advocate will explain the Amplifon process, get your mailing information and assist you in making the appointment with a hearing care professional. Amplifon will send information to you and the provider prior to the appointment.

For more information on how to get started using Amplifon benefits, [click here](#).

Tuition Reimbursement Benefits

Mutual of Omaha offers generous tuition reimbursement programs for associates and support life-long learning and will reimburse up to 100 percent of tuition costs, with a maximum limit of \$400 per credit hour, for courses that meet the guidelines and have been successfully completed.

To learn more about tuition benefit options, definitions, policies, rules and forms for the Tuition Reimbursement benefit, [click here](#).

Contact Information & References

Benefits Hotline (For questions on your benefits and FSA processing)
Local (402) 351-3300 and select option "1" or Toll Free (800) 365-1405
Benefits.Hotline@mutualofomaha.com

Payroll Hotline (For questions regarding pay and taxes)
(402) 351-3300 and select option "3" or Toll Free (800) 365-1405
Payroll.Hotline@mutualofomaha.com

Aetna:
www.aetnavigators.com
1-855-210-0024

When searching for a provider, make sure you Select "Aetna Choice POS II (Open Access)"

PrudentRX (Specialty Prescription Drugs)
800-578-4403

Maintenance Choice Opt-Out Program
1-888-792-3862 (Aetna)

Workplace Solutions Dental (Mutually Preferred network)
www.mutualofomaha.com/dental
800-927-9197

EyeMed Provider Link (Insight network)
www.eyemed.com
866-804-0982

401(k) Account Information
<https://myaccount.ascensus.com/mutual/account/login>
888-917-7191

ARAG Legal Services
www.ARAGlegal.com
800-247-4184

Voluntary Accident, Critical Illness and Hospital Indemnity Insurance (Workplace Solutions)
800-877-5176

Nationwide Pet Insurance
www.PetsNationwide.com
877-738-7874

Amplifon Hearing Discount Program
888-713-7655

Tuition Reimbursement Hotline (For questions regarding tuition reimbursement or e-learning)
(402) 351-3300 and select option "4" or Toll Free (800) 365-1405