



2017 BENEFITS GUIDE

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

Benefit 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 – 30 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			
Dependent Care Flexible Spending Account	Benefits Effective Date	X	X	X	
Legal Services	Benefits Effective Date	X	X	X	
401(k) Plan	Benefits Effective Date	X	X	X	X
Vacation Accrual	Date of Hire	X	X	X	X
Personal Time	Following 3 months of employment	X	X		
Holidays	Date of Hire	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:

<u>Hire Dates</u>	<u>Benefit Effective Date</u>
1/1/17 - 1/18/17	2/1/17
1/19/17 - 2/15/17	3/1/17
2/16/17 - 3/18/17	4/1/17
3/19/17 - 4/17/17	5/1/17
4/18/17 - 5/18/17	6/1/17
5/19/17 - 6/17/17	7/1/17
6/18/17 - 7/18/17	8/1/17
7/19/17 - 8/18/17	9/1/17
8/19/17 - 9/17/17	10/1/17
9/18/17 - 10/18/17	11/1/17
10/19/17 - 11/17/17	12/1/17
11/18/17 - 12/18/17	1/1/18
12/19/17 - 12/31/17	2/1/18

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, whether of the opposite sex or the same sex, as recognized and allowed by the laws of the state in which you become married. Copy of certified marriage license is required to establish eligibility.
- 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. This 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 (You are the only person covered)
- Employee + One (You and one eligible dependent is covered)
- Employee + Family (You and two or more eligible dependents are covered)

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. Each fall, we offer an open enrollment period to review and or make changes in your benefits for the following 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.

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

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 in order 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 are able to join our plan by contacting us within 31 days of the event.

Health

POS through Aetna

The health plan allows you complete freedom to go to any Point of Service (POS) Provider (in-network) and/or Non POS (out-of-network) health care provider. This includes direct access to specialists without prior approval from the plan. When using in-network providers, you reduce your out of pocket health 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. This website and contact number for customer services is referenced on the last page of the Benefits Guide and is available on the ID card you’ll receive after enrolling in the plan.

Grandfathered Health Plan

Mutual of Omaha Insurance Company believes that the Mutual of Omaha Group Health Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Hotline at 402-351-3300 and select “1” for Benefits. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Their website has a table summarizing which protections do and do not apply to grandfathered health plans.

Health Options and Coverage Details

The health plan has two deductible options available. A deductible is the amount of covered expenses that you must pay before the plan will start paying benefits.

If you reach the out of pocket maximum, the health plan will pay 100% of incurred allowed expenses for the remaining portion of the calendar year. Prescriptions are excluded from out of pocket maximums.

We will recognize health deductibles you’ve met with other coverage during your first plan year (Jan. 1 – Dec. 31) of service. Explanation of Benefits (EOB’s) reflecting YTD deductibles can be faxed to Aetna; Attn: Kristen Leonberg at 860-262-9058.

Please note the High Deductible \$1250/ \$2500 PPO plan is not a qualified plan for HSA account set up.

Plan Design & Benefits Summary

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$750 Individual/\$1,500 Family \$1,250 Individual/\$2,500 Family	\$1,000 Individual/\$2,000 Family \$1,750 Individual/\$3,500 Family
Member Coinsurance	15%	25%
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family

All covered expenses accumulate simultaneously toward the preferred or non-preferred Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.

All covered expenses accumulate simultaneously toward the preferred or non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except any deductibles, and penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses do not apply towards the Payment Limit.

The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.

Lifetime Maximum

Unlimited except where otherwise indicated.

Primary Care Physician Selection Optional Not Applicable

Certification Requirements -

Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$300 per occurrence.

Referral Requirement None None

PREVENTIVE CARE IN-NETWORK OUT-OF-NETWORK

Routine Adult Physical Exams/ Immunizations Covered 100%; deductible waived 25%; after deductible

1 exam per calendar year up to age 65; 1 exam per calendar year age 65 and older. Influenza Vaccinations are only covered at the pharmacy.

Routine Well Child Exams/Immunizations Covered 100%; deductible waived 25%; after deductible

7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per calendar year thereafter to age 22.

Routine Gynecological Care Exams Covered 100%; deductible waived 25%; after deductible

Recommended: One exam per calendar year. Includes routine tests and related lab fees.

Routine & Diagnostic Mammograms Covered 100%; deductible waived 25%; after deductible

Recommended: One per calendar year for covered females.

Routine Digital Rectal Exam Covered 100%; deductible waived 25%; after deductible

Recommended: For covered males age 40 and over.

Prostate-specific Antigen Test Covered 100%; deductible waived 25%; after deductible

Recommended: For covered males age 40 and over.

Colorectal Cancer Screening Covered 100%; deductible waived 25%; after deductible

Annual fecal occult blood test for member age 40 and older. Colonoscopy, Sigmoidoscopy, and Double Contrast Barium Enema (DCBE) each covered once every five years.

Routine Eye Exams Not Covered Not Covered

Routine Hearing Screening Not Covered Not Covered

PHYSICIAN SERVICES IN-NETWORK OUT-OF-NETWORK

Office Visits to Non-Specialist 15%; after deductible 25%; after deductible

Includes services of an internist, general physician, family practitioner or pediatrician.

Specialist Office Visits 15%; after deductible 25%; after deductible

Pre-Natal Maternity 15%; after deductible 25%; after deductible

Walk-in Clinics 15%; after deductible 25%; after deductible

Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.

Allergy Testing 15%; after deductible 25%; after deductible

Allergy Injections 15%; after deductible 25%; after deductible

DIAGNOSTIC PROCEDURES IN-NETWORK OUT-OF-NETWORK

Diagnostic X-ray 15%; after deductible 25%; after deductible

(other than Complex Imaging Services)

If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.

Diagnostic Laboratory 15%; after deductible 25%; after deductible

If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.

Diagnostic Complex Imaging 15%; after deductible 25%; after deductible

EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	15%; after deductible	25%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room Copay waived if admitted	15% after \$60 copay; after deductible	Same as in-network care
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	20%; deductible waived	20%; deductible waived
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Inpatient Maternity Coverage (includes delivery and postpartum care)	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Outpatient Surgery	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Outpatient	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Residential Treatment Facility	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
Outpatient	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic Colorectal Cancer Screening	Covered 100%; deductible waived	25%; after deductible
Fecal occult blood test, Colonoscopy, Sigmoidoscopy, and Double Contrast Barium enema (DCBE).		
Convalescent Facility	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
Maximum combined in-network and out-of-network benefit limited to 100 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Home Health Care	15%; after deductible	25%; after deductible
Limited to 200 visits per calendar year in-network and 60 visits per calendar year out-of-network. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.		
Hospice Care - Inpatient	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay. Maximum combined Inpatient and Outpatient benefit is limited to 185 days/visits.		
Hospice Care - Outpatient	15%; after deductible	25%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit. Maximum combined Inpatient and Outpatient benefit is limited to 185 days/visits.		
Private Duty Nursing	15%; after deductible	25%; after deductible
Limited to 60 eight hour shifts per calendar year. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.		

Outpatient Short-Term Rehabilitation	15%; after deductible	25%; after deductible
Includes Speech, Physical, and Occupational Therapy. Speech Therapy: 30 visits per calendar year; Occupational & Physical Therapy: maximum combined 60 visits per calendar year.		
Acupuncture Treatment	15%; after deductible	25%; after deductible
Limited to 18 visits per calendar year and \$50 per visit maximum.		
Spinal Manipulation Therapy	15%; after deductible	25%; after deductible
Limited to 30 visits per calendar year and \$35 per visit maximum.		
Durable Medical Equipment	15%; after deductible	25%; after deductible
Diabetic Supplies	15%; after deductible	25%; after deductible
Generic FDA-approved Women's Contraceptives	15%; after deductible	25%; after deductible
Contraceptive drugs and devices not obtainable at a pharmacy	15% after deductible	25%; after deductible
Vision Eyewear	Not Covered	Not Covered
Transplants	15% after \$120 copay; after deductible	25% after \$120 copay; after deductible
Coinsurance for out-of-network Transplants will not be applied to the member Payment Limit maximum.		
Bariatric Surgery	Not Covered	Not Covered
Wigs	Covered 100%; deductible waived	Covered 100%; deductible waived
Covered due to medical necessity.		
FAMILY PLANNING	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment	15%; after deductible	25%; after deductible
Diagnosis and treatment of the underlying medical condition.		
Comprehensive Infertility Services	15%; after deductible	25%; after deductible
Preauthorized medical treatment used for the primary purpose of, or in connection with, treating infertility. In vitro fertilization and/or artificial insemination up to a maximum lifetime benefit of \$2,500.		
Advanced Reproductive Technology (ART)	Not Covered	Not Covered
Vasectomy	15%; after deductible	25%; after deductible
Tubal Ligation	15%; after deductible	25%; after deductible
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Aetna Premier Plus Open Formulary	
Retail	\$13 copay for generic drugs, \$35 copay for formulary brand-name drugs, and \$60 copay for non-formulary brand-name drugs up to a 31 day supply at participating pharmacies.	50% of submitted cost after the applicable preferred copay
	\$39 copay for generic drugs, \$105 copay for formulary brand-name drugs, and \$180 copay for non-formulary brand-name drugs up to a 90 day supply at participating pharmacies.	
Mail Order	\$39 copay for generic drugs, \$105 copay for formulary brand-name drugs, and \$180 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery®.	Not Covered

Diabetic Supplies - Retail	\$5 copay for generic drugs, \$5 copay for formulary brand-name drugs, and \$60 copay for non-formulary brand-name drugs up to a 31 day supply at participating pharmacies.	50% of submitted cost after the applicable preferred copay
Diabetic Supplies – Mail Order	\$15 copay for generic drugs, \$15 copay for formulary brand-name drugs, and \$180 copay for non-formulary brand-name drugs up to a 90 day supply at participating pharmacies.	Not Covered
Aetna Premier Plus Specialty Drugs First prescription fill at any retail drug facility. Subsequent fills must be through our preferred Aetna Specialty Pharmacy network. Premier Plus Specialty Drug List	\$120 copay for formulary and non-formulary drugs	Not Covered
Influenza Vaccination	Covered 100%	Covered 100%;
Member will be responsible for the administration fee of approximately \$10 to \$15.		
Zostavax Vaccine	Covered 100%	Covered 100%
Covered for members age 60 and over.		
Smoking Cessation Drugs	Covered 100%	50% of submitted cost
Over-the-counter smoking cessation medications are covered when filled with a prescription		

Plan Includes:

A limited list of over-the-counter medications are covered when filled with a prescription.
Performance Enhancing Drugs limited to 6 tablets per month.
Oral fertility drugs included.
Premier Precertification included
Premier Step Therapy included
One transition fill allowed within 90 days of member's effective date
No coverage for drugs on the Medication Formulary Exclusions List, additional exclusions may apply.

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student or marital status.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.

- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility. Translation of the material into another language may be available. Please call Member Services at **1-855-210-0024**.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-855-210-0024**.

Health Premiums Per Pay Period (Before Tax)

<i>Health Coverage</i>	<i>You Pay (Per Pay Period)</i>
\$750 Individual/\$1,500 Family Deductible PPO Health Option	
Employee Only	\$80.00
Employee + One	\$156.50
Employee + Family	\$234.00
\$1,250 Individual/\$2,500 Family Deductible PPO Health Option	
Employee Only	\$39.50
Employee + One	\$85.00
Employee + Family	\$138.00

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 in order 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 are able to join our plan by contacting us within 31 days of the event.

Dental

Our Group Dental Plan covers preventive, basic services, major services and orthodontics. The Plan Administrator for the Group Dental Plan is Renaissance Dental. The plan balances savings, service and customer satisfaction by providing access to the nationwide Maximum Care dental network.

When using in-network Maximum Care 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. This website and contact number for customer services is referenced on the last page of the Benefits Guide and is available on the ID card you'll receive after enrolling in the plan.

Dental Deductibles

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

Dental Coverage

<u>Covered Services</u>	<u>Examples</u>	<u>In-Network Providers</u>	<u>Out-of-Network Providers</u>
Class I	Cleanings & X-rays**	100%	100% of maximum allowance for out of network covered services
Class II	Prefabricated Crowns, Root Canals & Fillings	80% 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

For detailed information on covered services, see the Employee Benefits Handbook

**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.

Dental Premiums Per Pay Period (Before Tax)

<i>Dental Coverage</i>	<i>You Pay(Per Pay Period)</i>
Dental	
Employee Only	\$4.50
Employee + One	\$9.75
Employee + Family	\$18.25

Vision Option and Coverage Detail

VSP Vision Benefits

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

To search for a VSP Choice Network participating providers, reference the last page of this Benefits Guide.

VSP coverage provides the following benefits, discounts and savings when utilizing a participating provider:

Well Vision Exam

\$25 copay every calendar year

Prescription glasses: \$35 copay

Lenses covered every calendar year

Single vision, lined bifocal, and lined trifocal lenses

Scratch resistant and anti-reflective coatings

Polycarbonate lenses for dependent children

Frames covered up to \$150 every other calendar year

Discounts and/or copayments on other lens options, including progressive lenses

Contact Lens: up to \$60 copay for contact lens exam (fitting and evaluation)

\$200 allowance toward the cost of contacts, if not electing glasses.

Other Savings and Discounts:

Laser Vision Correction discounts

Retinal Screenings

Discounts on additional glasses and sunglasses

VSP Premiums Per Pay Period (Before Tax)

<i>VSP Vision Coverage</i>	<i>You Pay (Per Pay Period)</i>
VSP Vision	
Employee Only	\$5.41
Employee + One	\$7.75
Employee + Family	\$13.86

Health Care Flexible Spending Account

Advantages of a Health Care Flexible Spending Account (FSA)

The Health Care FSA allows you to set aside pre-tax dollars to reimburse you for eligible out of pocket health, prescription drug, dental, and vision 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. The Health Care 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.

Mutual of Omaha's Health Care Flexible Spending Account does not cover over the counter expenses, even if prescribed by a physician, nor is prescribed marijuana a covered expense.

Contribution Amounts

Minimum - \$60 per year

Maximum - \$2,500 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)

Setting Up Your Health Care Flexible Spending Account

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. Each year during the annual enrollment period, you will have the opportunity to re-enroll in the Health Care Flexible Spending Account.

Important Internal Revenue Service (IRS) Requirements

- Money contributed to Flexible Spending Accounts must be used for eligible expenses incurred during the year that it is taken from your pay. Following the reimbursement period for the year, up to \$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.
- The amount paid out will be equal to the annual pledge anytime during the calendar year.
- If you or your dependents are enrolled in a health savings account through another plan, participation in a Health Care FSA could jeopardize the ability for you or your dependents to make contributions to the health savings account. Please contact your tax advisor for additional information.

Submitting the Claim

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, 2017, you will have until March 31, 2018, to submit reimbursement claims for health care expenses incurred during 2017. After this date, remaining balances up to \$500 will be available for reimbursement.

Reimbursement Methods

Online Expense Reimbursement

If you are enrolled on our health, dental and/or vision plans, your reimbursement claim can be submitted on Employee Self Service. You will receive email notification alerting you of eligible claims that have been loaded.

Paper Expense Reimbursement

Eligible expenses that are not processed through our Employee Group Insurance Plans will need to be submitted on a paper claim form. These expenses may include:

- Vision, if not covered under VSP
- 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 Payroll Department for reimbursement. A copy of the paper Health Care FSA Claim Form, can be found on Associate Access or HR@Home as referenced on the last page of this Benefits Guide.

You have until March 31, 2018, to submit reimbursement claims for health care expenses incurred during 2017.

Dependent Care Flexible Spending Account

Advantages of a Dependent Care Flexible Spending Account (FSA)

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

Contribution Amounts

If both you and your spouse work or you are a single parent, you can contribute to the dependent care account. 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 Day Care expenses for an eligible dependent incurred while you are at work

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

Eligible Dependents

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

Setting Up Your Dependent Care Flexible Spending Account

Estimate how much money you will need to cover your expenses for the rest of this year to determine your annual contribution amount. Remember vacation and school breaks (including the summer months). When you incur an eligible expense, you pay the expense, and then you get reimbursed.

Each year during annual enrollment period, as required by law, you will have the opportunity to re-enroll in the Dependent Care Flexible Spending Account.

Important Internal Revenue Service (IRS) Requirements

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

Reimbursement Method

Once you incur and pay the expense, submit the expense to the Payroll Department. Use a reimbursement claim form and submit to PL – Payroll-Flexible Spending Accounts. If you are attaching a receipt with your claim form, remember a canceled check cannot be accepted as a receipt. A copy of the Dependent Care FSA Claim Form, can be found on Associate Access or HR@Home as referenced on the last page of this Benefits Guide.

Submitting the Claim

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. You have until March 31, 2018, to submit reimbursement claims for dependent care expenses incurred during 2017.

Employee Life Insurance

The Employee, Spouse and Child Life options are term life products. The premiums are paid on an after-tax basis. As a new hire, you are able to 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 qualified 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 Employee Benefits Handbook 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 preceding your hire date. 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 premiums on the next page.

Employee Age As of Benefits Start Date Monthly Rate per \$1,000 of Coverage	
Under 30	\$.05
30-34	\$.07
35-39	\$.09
40-44	\$.10
45-49	\$.15
50-54	\$.23
55-59	\$.43
60-64	\$.53
65-69	\$.93
Over 70	\$.98

Spouse Life Insurance

Spouse Life Options

You may purchase the following amounts of life insurance:

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

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

Spouse Life Costs

Spouse's Age	Per Pay Period Premium Based on Coverage Level Elected:			
	\$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 Insurance

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

Accidental Death & Dismemberment Insurance (AD&D)

Accidental Death and Dismemberment benefits will be paid if you die, become dismembered or paralyzed as a result of 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.

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 + Family
\$50,000	\$.75	\$1.00
\$100,000	\$1.50	\$2.00
\$150,000	\$2.25	\$3.00
\$200,000	\$3.00	\$4.00
\$250,000	\$3.75	\$5.00

Long-Term Disability (LTD)

Basic Long-Term Disability Benefits

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

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

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 Employee Benefits Handbook 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.

Short-Term Disability Plan

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 scheduled to work 30 or more hours per week are eligible for STD coverage following 12 months of continuous Regular employment working 30 or more hours per week. (Temporary employment is excluded from the 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.

Detailed information about this plan can be found on Associate Access under Human Resources/ Benefits & Retirement Planning/ Paid Time Off Benefits. This does include how STD is calculated for employees who have variable pay.

Paid Time Off Benefits

Paid Time Off benefits available:

- Holidays
- Personal Time
- Vacation
- Parental Leave

Holidays

Employees normally scheduled to work on company observed Holiday are eligible for Holiday Pay. There are two different holiday schedules for employees:

Mutual of Omaha Insurance Company observes 9 Holidays. 7 are fixed days, meaning they occur every year on the same day, and 2 holidays are “Floating” and the day observed may vary from year to year.

Mutual of Omaha Bank follows the 10 Federal Reserve observed holidays.

2017 Holiday Schedule

Mutual of Omaha Insurance Holidays	Mutual of Omaha Bank Holidays
New Year's Day	New Year's Day
Memorial Day	Martin Luther King Day
Day Before Independence Day*	President's Day
Independence Day	Memorial Day
Labor Day	Independence Day
Thanksgiving Day	Labor Day
Day After Thanksgiving Day	Columbus Day
Christmas Day	Veterans' Day
One Additional Personal Day*	Thanksgiving Day
	Christmas Day

* Floating Holidays for 2017

Personal Time

Regular employees will receive a pro-rated amount of Personal Time after meeting eligibility. Following your initial eligibility, you will receive an allotment of personal time each year in January. Personal time does not rollover from year to year.

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

Personal Time - New Hire Eligibility and Prorated Amount provided:

Start date	Eligibility Date	Standard Hours 40 hrs/ week		Standard Hours 30-39 hrs/ week	
		Insurance Employees	Bank Employees	Insurance Employees	Bank Employees
January, 2017	5/10/17	32	26.75	24	20
February, 2017	6/10/17	28	23.5	21	17.5
March, 2017	7/10/17	24	20	18	15
April, 2017	8/10/17	20	16.75	15	12.5
May, 2017	9/10/17	16	13.5	12	10
June, 2017	10/10/17	12	10	9	7.5
July, 2017	11/10/17	8	6.75	6	5
August, 2017	12/10/17	4	3.5	3	2.5
September, 2017	1/25/18	40	40	30	30
October, 2017	2/10/18	36.75	36.75	27.50	27.5
November, 2017	3/10/18	33.25	33.5	25	25
December, 2017	4/10/18	30	30	22.50	22.5

Due to how the holidays fall in 2017 and 2018 for Insurance employees, the above chart reflects the additional pro-rated personal time granted, based upon the number of hours an employee is scheduled to work, in place of the floating holiday(s).

Vacation

Mutual of Omaha provides vacation to employees on their date of hire. 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	12 days per year	0.046154	17 days
5 yrs of service	3 weeks per year	0.057692	4 weeks
10 yrs of service	3.5 weeks per year	0.067307	4.5 weeks
15 yrs of service	4 weeks per year	0.076923	5 weeks
*25 yrs of service	5 weeks per year	0.096153	6 weeks

*This accrual rate is not available for Bank employees.

Vacation balances do rollover from year to year. Accrual continues unless you reach the vacation limit. This limit is equivalent to your accrual rate plus 5 days. We will notify you if you are nearing your limit.

Vacation is earned and accrued each pay period. The amount you receive may vary based on the number of days, or hours worked, within the pay period.

To calculate your accrual each pay period, count the workdays between the 1st and the 15th or between the 16th and the last day of the month. The number of workdays in that pay period will determine your accrual. Below is an example of accrual rates per pay period, if working a standard 40 hour work week.

Accrual Rate	9 day pay period (72 hrs worked)	10 day pay period (80 hrs worked)	11 day pay period (88 hrs worked)	12 day pay period (96 hrs worked)
12 days per year	3.32 hrs	3.69 hrs	4.06 hrs	4.43 hrs
3 weeks per year	4.15 hrs	4.62 hrs	5.08 hrs	5.54 hrs
3.5 weeks per year	4.85 hrs	5.38 hrs	5.92 hrs	6.46 hrs
4 weeks per year	5.54 hrs	6.15 hrs	6.77 hrs	7.38 hrs
5 weeks per year	6.92 hrs	7.69 hrs	8.46 hrs	9.23 hrs

If you work less than 40 hours per week, count the number of hours worked during the pay period and multiply by the hourly Accrual rate.

Your vacation balance will be visible on your pay advice and can be accessed using the Vacation Planner. 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
02/01/2017	02/25/2017
03/01/2017	03/25/2017
04/01/2017	04/25/2017
05/01/2017	05/25/2017
06/01/2017	06/25/2017
07/01/2017	07/25/2017

08/01/2017	08/25/2017
09/01/2017	09/25/2017
10/01/2017	10/25/2017
11/01/2017	11/25/2017
12/01/2017	12/25/2017
01/01/2018	01/25/2018
02/01/2018	02/25/2018

Parental Leave

Parental Leave provides up to 40 hours per calendar year per maternity/adoption occurrence for eligible employees with one full year of continuous employment as a Regular employee and scheduled to work 30 or more hours per week.

401(k) Long-Term Savings Plan/ Mutual of Omaha Bank 401(k) 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 0-75% of your earnings on a Pre-Tax or After-Tax basis each pay period. Employee contributions in partial fractional percentages are allowed.

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 may make changes in your employee contribution percentage after your initial enrollment by going to Associate Access. Select *PeopleSoft HCM* from the featured Quick Links and click on *Benefits*, then *Benefits*, then *401k* to change your employee contribution percentage. 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, by logging onto your account through the Internet or by calling Mutual of Omaha Retirement Services at 1-888-917-7191. Information and directions will be emailed to you prior to your first contribution and can also be found on Associate Access.

Prior to age 59 ½, 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 Internal Revenue Service for each calendar year. For 2017, the maximum employee contribution limit is \$18,000. This maximum employee contribution limit of \$18,000 does not include catch-up contributions, which is \$6,000, for employees over age 50.

Our plans do accept rollovers from other qualified plans. You can do this at any time. There are forms to be completed and information on Associate Access.

Voluntary Legal Services

The Mutual of Omaha Voluntary Legal Services Plan offers legal expense insurance through ARAG. If you enroll in either of these voluntary plans, 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>Ultimate Advisor</u> \$8.25 per pay period	Identity Theft Protection, Consumer Protection, Debt Related Matters, Real Estate Matters, Landlord/ Tenant Matters, Wills and Estate Planners and DIY Documents
<u>Ultimate Advisor Plus</u> \$12.63 per pay period	All of the above, plus Divorce, Child Support Enforcement, Prenuptial Agreements, Bankruptcy, Small Claims Court Assistance and Caregiving Services

Benefits Enrollment Tips

- You will need to complete your enrollment before your benefits effective date.
- Have names, birthdays, addresses and Social Security numbers available to enroll your dependents
- You can enroll your spouse prior to providing proof of their eligibility, but must have the proof of eligibility received prior to the benefits effective date of coverage.
- You will receive confirmation the next business day of your enrollment for your review. We then send information to our vendors to set up your coverages.

Benefits FAQs

- Q.** I want the richest plan available – should I elect the lower deductible health plan?
- A.** Our health plans provide identical coverage with different deductible levels. Financially, you are trading a higher premium for a lower deductible. Consider using the Medical Plan Worksheet on Associate Access to determine the best plan fit for your needs.
- Q.** Can I list my children, who are ages 16 and 14, as my beneficiaries?
- A.** You may list your children as your beneficiaries, but please note that any benefits payable to a minor will be paid consistent with applicable state law, and may be paid to the legally appointed conservator or guardian of the estate of the minor.
- Q.** Are there any disability benefits available during the six-month waiting period for Long Term Disability?
- A.** As a new employee, short-term disability benefits would be available to you, through an individual disability policy that you could purchase through Associate Insurance. Please contact Dewey Meyer (x8069) for information on this coverage. After 12 months of continuous regular employment the Short-Term Disability (STD) Plan would provide benefits after a five-day elimination period, if eligible.

Web Sites, Links and Contact Information References

While at work, you can find a lot of information about the benefit plans available to you on [Associate Access](#). Simply select “Human Resources” from the featured site links and then select “Benefits & Retirement Planning” to access your applicable topic of information.

You can also access information when you are away from work by utilizing HR@Home. www.mutualofomaha.com/HR@home
Select “Benefits & Retirement Planning” from the menu to access applicable topics.

Aetna:

www.aetnavigators.com

1-855-210-0024

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

Renaissance Dental (Maximum Care network):

www.myrenbenefits.com

888-358-9484

VSP Provider Link (VSP Signature network):

www.vsp.com

800-877-7195

401(k) Account Information:

www.getretirementright.com

888-917-7191

Resources for additional information can be found on Associate Access or <http://www.mutualofomaha.com/hr@home> by following instructions above. Among other pieces of information, you can find:

- Schedule of Health Benefits
- Flexible Spending Account Info & Reimbursement Forms
- Dental Pre-determination Forms
- Paid Time off benefits
- HR Policies

Refer to the Employee Benefits Handbook, found on Associate Access or <http://www.mutualofomaha.com/hr@home> for a complete explanation of all of your group benefits.

Benefits Hotline:

Local (402) 351-3300, option 1

Toll Free (800) 365-1405, option 1

Benefits.Hotline@mutualofomaha.com

Payroll Hotline:

for questions on FSA processing:

Local (402) 351-3300, option 2

Toll Free (800) 365-1405, option 2