

Voluntary Critical Illness Insurance

(Specified Disease Insurance in some states)



Custom Hardware Engineering & Co – VCI

Eligibility – You must work a minimum of 30 hours per week, be actively at work, and perform normal duties of your job. You and your dependent(s) must have major medical insurance, or basic hospital/medical insurance.

You must enroll for coverage for your dependents to be eligible.

Eligible dependents must be performing normal activities and not be confined (at home, in a hospital, or in any other care facility) as of the effective date of coverage. Unmarried children are eligible from birth to age 26.

Critical Illness Insurance pays cash if the insured incurs a serious medical condition such as:

Benefit Category	Condition	% of CI Principal Sum
Heart/Circulatory	Heart Attack, Heart Transplant, Stroke	100%
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%
	Acute Respiratory Distress Syndrome (ARDS)	25%
Childhood/Developmental <i>*benefits only available to children</i>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%
Cancer	Cancer (Invasive)	100%
	Bone Marrow Transplant	50%
	Carcinoma in Situ, Benign Brain Tumor	25%
Payment of a partial benefit reduces the remaining amount payable in a category.		

How much can I get?

	Minimum	Guarantee Issue	Maximum
For You Elect in \$5,000 increments	\$5,000	\$5,000	\$20,000
Spouse Elect in \$5,000 increments	\$5,000	\$5,000	100% of employee's Principal CI Sum up to \$10,000
Child(ren) <i>*benefit for each of my children</i>		\$5,000	25% of employee's Principal CI Sum up to \$5,000
The amount of insurance for child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.			

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

Policy Benefit Maximum – The maximum payout amount is 200% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the policy will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.



Payment – You pay 100% of the premium for this coverage through easy payroll deduction.

Age Reductions – When you turn age 70, the original amount of insurance will reduce to 50%.

Benefit Waiting Period - There is no benefit waiting period.

Pre-Existing Condition - Diagnosis that occur during the first 12 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.

Portability - When insurance ends, you have the right to continue group critical illness insurance for yourself and your dependents.

Exclusions - Benefits are not payable for any critical illness that:

- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
- Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This document provides a brief description of the important features of the insurance. It is not an insurance contract. Full description of coverage will be found in the policy and certificate, available from the Policyholder, after an election is made. This policy provides critical illness insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount a provider charges.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Critical Illness insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide except in New York. Policy Form Number 7000GM-U-EZ-2010.

How much does it cost?

Employee NON-TOBACCO - 24 Payroll Deductions Per Year

Age	\$5,000	\$10,000	\$15,000	\$20,000
0 - 24	\$0.80	\$1.60	\$2.40	\$3.20
25 - 29	\$0.98	\$1.95	\$2.92	\$3.90
30 - 34	\$1.32	\$2.65	\$3.98	\$5.30
35 - 39	\$1.82	\$3.65	\$5.48	\$7.30
40 - 44	\$2.72	\$5.45	\$8.18	\$10.90
45 - 49	\$4.20	\$8.40	\$12.60	\$16.80
50 - 54	\$6.22	\$12.45	\$18.68	\$24.90
55 - 59	\$8.95	\$17.90	\$26.85	\$35.80
60 - 64	\$13.20	\$26.40	\$39.60	\$52.80
65 - 69	\$18.60	\$37.20	\$55.80	\$74.40
70 - 74	\$26.45	\$52.90	\$79.35	\$105.80
75 - 79	\$34.50	\$69.00	\$103.50	\$138.00
80 - 99	\$42.35	\$84.70	\$127.05	\$169.40

Child dependent coverage is offered at no additional cost.

Employee TOBACCO - 24 – Payroll Deductions Per Year

Age	\$5,000	\$10,000	\$15,000	\$20,000
0 - 24	\$0.92	\$1.85	\$2.78	\$3.70
25 - 29	\$1.18	\$2.35	\$3.52	\$4.70
30 - 34	\$1.72	\$3.45	\$5.18	\$6.90
35 - 39	\$2.60	\$5.20	\$7.80	\$10.40
40 - 44	\$4.32	\$8.65	\$12.98	\$17.30
45 - 49	\$7.38	\$14.75	\$22.12	\$29.50
50 - 54	\$11.70	\$23.40	\$35.10	\$46.80
55 - 59	\$17.92	\$35.85	\$53.78	\$71.70
60 - 64	\$28.12	\$56.25	\$84.38	\$112.50
65 - 69	\$41.72	\$83.45	\$125.18	\$166.90
70 - 74	\$57.72	\$115.45	\$173.18	\$230.90
75 - 79	\$67.78	\$135.55	\$203.32	\$271.10
80 - 99	\$79.18	\$158.35	\$237.52	\$316.70

Child dependent coverage is offered at no additional cost.

Spouse NON-TOBACCO -24 Payroll Deductions Per Year – Spouse rate is based on your age

Age	\$5,000	\$10,000
0 - 24	\$0.88	\$1.75
25 - 29	\$1.05	\$2.10
30 - 34	\$1.45	\$2.90
35 - 39	\$2.10	\$4.20
40 - 44	\$3.20	\$6.40
45 - 49	\$4.62	\$9.25
50 - 54	\$6.30	\$12.60
55 - 59	\$8.22	\$16.45
60 - 64	\$11.32	\$22.65
65 - 69	\$14.92	\$29.85
70 - 74	\$20.52	\$41.05
75 - 79	\$27.95	\$55.90
80 - 99	\$35.38	\$70.75

Spouse TOBACCO -24 Payroll Deductions Per Year – Spouse rate is based on your age

Age	\$5,000	\$10,000
0 - 24	\$1.02	\$2.05
25 - 29	\$1.25	\$2.50
30 - 34	\$1.80	\$3.60
35 - 39	\$2.70	\$5.40
40 - 44	\$4.35	\$8.70
45 - 49	\$6.88	\$13.75
50 - 54	\$10.42	\$20.85
55 - 59	\$14.98	\$29.95
60 - 64	\$22.35	\$44.70
65 - 69	\$31.50	\$63.00
70 - 74	\$41.42	\$82.85
75 - 79	\$49.75	\$99.50
80 - 99	\$59.08	\$118.15

Premium amounts may vary due to rounding.

