**Mutual of Omaha Basic Term Life**

**Accidental Death & Dismemberment/AD&D**

**Employee Benefit**
- Minimum Life/AD&D: $10,000
- Maximum Life/AD&D: $25,000

**Spousal Benefit**
- Minimum Life/AD&D: $5,000
- Maximum Life/AD&D: 100% of Employee’s Benefit

**Dependent Child Benefit**
- Minimum Life/AD&D: $10,000
- Maximum Life/AD&D: $10,000

**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Benefit Amount Class I Employees**

<table>
<thead>
<tr>
<th>Benefit Class</th>
<th>Minimum Life/AD&amp;D</th>
<th>Guarantee Issue Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>$150,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Class II</td>
<td>$100,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Benefit Amount Class II Employees**

<table>
<thead>
<tr>
<th>Benefit Class</th>
<th>Minimum Life/AD&amp;D</th>
<th>Guarantee Issue Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Employees</td>
<td>$100,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Waiver of Premium, Portability and Conversion Benefits are included.**

**Mutual of Omaha Voluntary Term Life**

**Accidental Death & Dismemberment**

**Employee Benefit**
- Minimum Life/AD&D: $10,000
- Maximum Life/AD&D: 10 x Annual Salary to $500,000

**Spousal Benefit**
- Minimum Life/AD&D: $5,000
- Maximum Life/AD&D: 100% of Employee’s Benefit

**Dependent Child Benefit**
- Minimum Life/AD&D: $15,000
- Maximum Life/AD&D: $15,000

**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Benefit Amount Class I Employees**

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**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Waiver of Premium, Portability and Conversion Benefits are included.**

**Mutual of Omaha Group**

**Short Term Disability (STD)**

**Benefit Amount**

<table>
<thead>
<tr>
<th>Benefit Class</th>
<th>Minimum Weekly Benefit</th>
<th>Maximum Weekly Benefit</th>
<th>Benefit Basis</th>
<th>Accident Elimination Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>$25</td>
<td>$575</td>
<td>50% of weekly earnings</td>
<td>9 Days</td>
</tr>
<tr>
<td>Women</td>
<td>$25</td>
<td>$575</td>
<td>50% of weekly earnings</td>
<td>9 Days</td>
</tr>
</tbody>
</table>

**Benefit Duration:** RDB to SSNRA

**Pre-Existing Condition:** 12 months/12 months

**Vesting Schedule:** All employees are subject to the following vesting schedule:

- After 1 Year of Service / 25% vested
- After 2 Years of Service / 50% vested
- After 3 Years of Service / 75% vested

**Mutual of Omaha Voluntary Term Life**

**Accidental Death & Dismemberment**

**Employee Benefit**
- Minimum Life/AD&D: $10,000
- Maximum Life/AD&D: 10 x Annual Salary to $500,000

**Spousal Benefit**
- Minimum Life/AD&D: $5,000
- Maximum Life/AD&D: 100% of Employee’s Benefit

**Dependent Child Benefit**
- Minimum Life/AD&D: $15,000
- Maximum Life/AD&D: $15,000

**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Benefit Amount Class I Employees**

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**Guarantee Issue Amount:** $10,000

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**Minimum Life/AD&D:** $10,000

**Guarantee Issue Amount:** $10,000

**Waiver of Premium, Portability and Conversion Benefits are included.**

**Mutual of Omaha Group Voluntary Long Term Disability (STD)**

**Benefit Amount**

<table>
<thead>
<tr>
<th>Benefit Class</th>
<th>Minimum Monthly Benefit</th>
<th>Maximum Monthly Benefit</th>
<th>Benefit Basis</th>
<th>Elimination Period</th>
<th>Accumulation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>$100 or 10% of pre-tax salary</td>
<td>$6,000</td>
<td>60% of monthly earnings</td>
<td>180 Days</td>
<td>360 Days</td>
</tr>
<tr>
<td>Women</td>
<td>$100 or 10% of pre-tax salary</td>
<td>$6,000</td>
<td>60% of monthly earnings</td>
<td>180 Days</td>
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**Benefit Duration:** RDB to SSNRA

**Pre-Existing Condition:** 12 months/12 months

**Vesting Schedule:** All employees are subject to the following vesting schedule:

- After 1 Year of Service / 25% vested
- After 2 Years of Service / 50% vested
- After 3 Years of Service / 75% vested

---

**Eye Exam**

(Usual and Customary charges apply)

- Frequency: 1 x per calendar year per Participant
- Plan Pays: 100%

---

**Prescription Eye Glass Lenses**

(Usual and Customary charges apply)

- Frequency: One pair per Participant per calendar year
- Single Vision: Plan pays 100% up to a max of $80
- Bi-Focal/Progressive: Plan pays 100% up to a max of $200
- Tri-Focal/Progressive: Plan pays 100% up to a max of $225
- Lenticular: Plan pays 100% up to a max of $200

---

**Frame**

(Usual and Customary charges apply)

- Frequency: One pair per Participant per calendar year
- Plan Pays: 100% up to a max of $150

---

**Contact Lenses**

(Usual and Customary charges apply)

- Frequency: One pair per Participant per calendar year
- Plan Pays: 100% up to a max benefit of up to $150
- Low Vision, Surgical, Conditional: Plan pays 100% up to a max benefit of $200

---

**Lasik and Radial Keratotomy**

- Plan pays: 100% up to a max Lifetime Benefit of $1,500 per eye per Employee

---

**Combined Medical, Dental, and Vision**

**Bi-Weekly Pay Period Deductions**

| Employee | $15.00 |
| Employee + Spouse | $60.00 |
| Employee + Child(ren) | $60.00 |
| Employee + Family | $90.00 |

---

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| Employee | $15.00 |
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| Employee + Child(ren) | $60.00 |
| Employee + Family | $90.00 |
### Blue Cross Blue Shield of Oklahoma
#### Blue Preferred PPO

<table>
<thead>
<tr>
<th>Plan</th>
<th>In &amp; Out-of-Network: Individual-$200/Family-$600</th>
<th>Medical Out-Of-Pocket Maximum</th>
<th>Rx Out-of-Pocket Maximum</th>
<th>In &amp; Out-of-Network: Individual-$700/Family-$2,100</th>
<th>Includes Deductible, Copayments and Coinsurance</th>
<th>Lifetime Maximum Benefit</th>
<th>Unlimited per person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calendar Year Deductible</td>
<td>Medical Out-Of-Pocket Maximum</td>
<td>Rx Out-of-Pocket Maximum</td>
<td>In &amp; Out-of-Network: Individual-$700/Family-$2,100</td>
<td>Includes Deductible, Copayments and Coinsurance</td>
<td>Lifetime Maximum Benefit</td>
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<tr>
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<td>Lifetime Maximum Benefit</td>
<td>Unlimited per person</td>
</tr>
</tbody>
</table>

### In- & Out Patient Hospital Stay
- **In-Network Facility Fee**: Deductible then 10% Coinsurance
- **In-Network Physician/Surgeon Fee**: Deductible then 10% Coinsurance
- **Out-of-Network Facility Fee**: Deductible then 20% Coinsurance
- **Out-of-Network Physician/Surgeon Fee**: Deductible then 20% Coinsurance

### Mental / Behavioral Health Out-Patient
- **In-Network**: $10 Copay per office visit or 10% Coinsurance for other Out-Patient services after Deductible
- **Out-of-Network**: Deductible then 20% Coinsurance all services

### Other Services
- **Emergency Room Services**
  - Deductible then 10% Coinsurance

### Preventive Care
- **In-Network**: Deductible then 20% Coinsurance

### Emergency Medical Transportation
- **In-Network**: Deductible then 10% Coinsurance

### Outpatient Surgery
- **In-Network Facility Fee**: Deductible then 10% Coinsurance

### Prescription Drug Copays
- The following prescription drugs are covered
  - **Generic**: $10 Retail / $20 Mail Order
  - **Name Brand**: $10 Retail / $20 Mail Order

### Blue Cross Blue Shield of Oklahoma
#### Blue Preferred PPO (Cont’d)

### MDLIVE with Behavioral Health
- Provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs.
- **Copay**: $0

### Benefits Value Advisor (BVA)
- **Member Rewards**: Guides members to cost-effective options and offers a cash reward when a low-cost provider is selected from several possibilities.

### Other Services
- **Home Health, Skilled Nursing, Rehabilitation and Habilitation Services, Durable Medical Equipment, Hospice Care**

### Child with Eye Care
- **Eye Exam**: Covered 1 x annually at no charge
- **Frames**: Paid in full 1 x annually to a maximum of $150
- **Lenses**: Paid in full 1 x annually as follows:
  - **Single Vision**: Up to $80 max benefit
  - **Bifocal Vision**: Up to $200 max benefit
  - **Multifocal Vision**: Up to $225 max benefit

### Muscogee Creek Nation
#### Dental Benefits

### Calendar Year Deductible
- **Waived for Class A Services/Preventive**
  - $25 per covered individual for Class B,C and D Services

### Coinsurance
- **Preventive Services (Class A)**: Paid at 100%
- **Routine & Minor Restorative (Class B)**: Paid at 80%
- **Major Restorative (Class C)**: Paid at 50%
- **Orthodontia (Class D)**: Paid at 50%

### Maximum Benefit per Plan Participant
- **Dental Services**: $2,000 Annually
- **Orthodontia Services**: $2,000 Lifetime

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### MUSCOGEE (CREEK) NATION
#### Employee Benefits

**Effective 09/01/2018 to 9/30/2020**

Prepared by Summit

www.yoursummit.com / 1-800-475-0991