Employee Benefits Plan Overview

September 1, 2024 – August 31, 2025

South Central Missouri Community Action Agency

Welcome

We recognize that our employees are our most valuable resource, and your benefits program is extremely important to South Central Missouri Community Action Agency. It is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our success and position us well for the future. Thank you for your ongoing commitment. We are proud to include all of you as part of the SCMCAA family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Your Bukaty Service Team

Your dedicated service team is available to help address claims, billing and other benefit-related questions. Please contact them by phone or email. They will work to ensure your satisfaction.

Meet the Team

Molly Kunstbeck
Account Coordinator
mkunstbeck@bukaty.com

913-942-2036

Molly assists clients through the enrollment process and is your primary contact responsible for day to day administrative and service issues.

Melissa Findley
Account Manager
mfindley@bukaty.com

913-647-5549

Melissa is your secondary contact responsible for day to day administrative and service issues.

Katie Bever
Benefits Consultant
kbever@bukaty.com

913-222-5221

Katie oversees all aspects of your employee benefits program.

Liz Heller
Principal
lheller@bukaty.com

Liz oversees all aspects of your employee benefits program.

Susan Niemuth
Benefits Consultant
sniemuth@bukaty.com

913-647-3969

Susan works with vendors to obtain competitive quotes, prepare claims reports and assists in group renewal process. Susan is also your compliance point person.

BENEFITS ON THE GO

Scan the QR Code and add a shortcut to your home screen. It's that easy!

For iPhone:
1. Scan QR code.
2. Tap "View PDF."
3. Tap the share icon.
4. Tap "add to home screen" andname the icon "Benefits Package."

For Android:
1. Scan QR code.
2. Tap "View PDF."
3. Tap the 3 dots in the top right.
4. Tap "add to home screen."

SCAN ME

Contact Information

HUMAN RESOURCES	**Denise Faulkner, Human Resource Director** Phone: 573-325-4255 Email: dfaulkner@scmcaa.org
MEDICAL	**EBMS** Group #: 00882 Customer Service: 800-716-2852 Website: www.ebms.com **Liviniti Prescription Drugs** Website: www.liviniti.com *This is a mandatory generic drug plan. If there is a generic drug available, the generic must be filled. If you request to have the brand name drug filled, you will pay the generic copay plus the cost difference of the brand name drug. The copay will be applied towards your out-of-pocket maximum, the cost difference is a penalty.*
DENTAL	**Ameritas** Group #: _____ Customer Service: 800-659-2223 Website: www.ameritas.com
VISION	**Ameritas** Group #: _____ Customer Service: 800-659-2223 Website: www.ameritas.com **VSP Customer Service:** 800-877-7195 Website: www.vsp.com **EyeMed Customer Service:** 866-439-3633 Website: www.eyemed.com
LIFE & DISABILITY	**Mutual of Omaha** Group #: G000C64X Customer Service: 800-877-5176 Website: www.mutualofomaha.com
ACCIDENT / CRITICAL ILLNESS / HOSPITAL INDEMNITY	**Mutual of Omaha** Group #: G000C64X Customer Service: 800-877-5176 Website: www.mutualofomaha.com
COBRA	**NueSynergy** Customer Service: 913-653-8381 Website: www.nuesynergy.com
EMPLOYEE NAVIGATOR	Website: www.bukaty.com/online-enrollment Email: enrollmentsupport@bukaty.com

Eligibility and Coverage

NEW HIRE	You are eligible to participate in the employee benefit plan on the first day of the month following, or coinciding with, 60 days of full-time employment.
NEW HIRE DEPENDENTS	Eligible dependents may also participate beginning on the first day of the month following, or coinciding with, the employee's 60 days of full-time employment. Eligible dependents include your legal spouse, and/or dependent child(ren) up to age 26, if your child is disabled prior to age 26 and incapable of self-sustaining employment and dependent on you for support, they may continue to be covered as your dependent, regardless of age.
QUALIFYING LIFE EVENTS	Eligibility outside open enrollment or new hire period: Documented qualifying life event to change coverage must be submitted to the carrier within 30 days of the event. Qualifying Events are as follows: *Marriage *Divorce and/or legal separation *Death or loss of a dependent (including loss of dependent status) *Birth or adoption of a child *Change in spouse's employment status causing loss or gain of benefits coverage *Change in your employment status *Eligibility for Medicare
OPEN ENROLLMENT	Changes outside your new hire period and a qualifying life event can be made once a year when the company policy renews. **Everyone who is eligible for benefits, with or without coverage, is required to complete the enrollment process.**
TERMINATION OF COVERAGE	**Medical/Dental/Vision/Life Plans:** Coverage for employees ends on the last day of the month in which the employee worked. Coverage for spouses/dependents ends on last day of the month. **Disability/Accident/Critical Illness/Hospital Indemnity Plans:** Coverage ends on the termination date.
HOW TO ENROLL	**Enroll online in Employee Navigator: www.bukaty.com/online-enrollment** (See following pages for instructions) **or** **Call service reps at Bukaty Companies –** **Molly Kunstbeck – 913-942-2036 | Melissa Findley – 913-647-5549**

INSURANCE GLOSSARY

Coinsurance - The portion you pay after the deductible is met.

Copays - A small fee you pay each time you use a specific service. This fee does not go toward meeting your deductible but does count towards our out-of-pocket maximum.

Deductible - The amount of money you must pay each year to cover your medical care expenses before the Plan starts paying. Deductibles do not apply where a copay is noted but does count towards your out-of-pocket maximum.

Emergency Room - Services you receive from a hospital for any serious condition requiring immediate care.

EOB (Explanation of Benefits) - Receipt from the insurance carrier outlining your services and fees (what your insurance is paying for, what you are responsible to pay, etc.)

In-Network - This is your insurance company's list of doctors or providers. They've negotiated lower costs with these doctors so if you use them, you're considered "In-Network" and your cost is lower.

Lifetime Benefit Maximum - Medical plans are required to have an unlimited lifetime maximum.

Out-of-Network - Doctors or providers that are not in your insurance company's approved list. If you choose one of these doctors, there are no negotiated prices, you you'll pay more.

Out-of-Pocket Maximum - The maximum amount you will spend out of your own pocket for eligible health care expenses during any calendar year.

Preauthorization - A process by the carrier to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Preventive Services - All services coded as Preventive are covered 100% without a deductible, coinsurance, or copayments.

UCR (Usual, Customary and Reasonable) - The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

STEP 1.
LOG IN

Go to https://www.employeenavigator.com/benefits

Returning Users: Log in with the username and password you created.

New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

COMPANY IDENTIFIER: South Central Missouri

STEP 2.
BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3.
UPDATE PERSONAL INFO

After clicking **Start Enrollment,** you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4.
ELECT YOUR BENEFITS

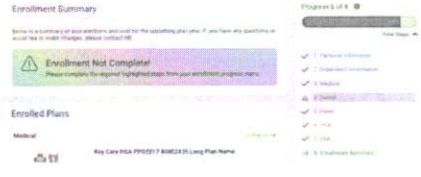
You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

STEP 5.
ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6.
REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything looks correct to complete your enrollment. You may login and view your online summary at any point during the year.



Scan me for Employee Navigator access at your fingertips!

For help contact:
enrollmentsupport@bukaty.com
913.345.0440

Find a Network Provider
Save Money By Staying In-Network

Medical: EBMS

Your medical plan utilizes reference-based pricing. RBP can be considered an open network model because it allows employees to receive care rom any healthcare provider, rather than being restricted to a specific network of providers.

Unlike traditional health insurance plans with exclusive networks, RBP does not confine individuals to a predetermined list of in-network providers. Members can seek care from any provider they choose.

This freedom allows individuals to select healthcare providers based on personal preference, convenience, or specific needs, rather than being limited by a network.

Pharmacy: Liviniti

Direct Link: www.liviniti.com; Phone: 800-710-9341; Email: support@liviniti.com

www.liviniti.com/members/firstchoice

Dental: Ameritas – Classic PPO Network

Direct Link: https://dentalnetwork.ameritas.com/ → *Select Classic PPO Network* → *Enter Location* → → *Select Classic Network* → *Additional Filters* →*Search*

Vision: Ameritas – VSP Network or EyeMed Insight Network

Plan 1: VSP Choice Network: https://www.vsp.com/eye-doctor

Plan2: EyeMed Insight Network: https://eyedoclocator.eyemedvisioncare.com/member/en#/member/en

When Changing Carriers, Remember:

Prescriptions

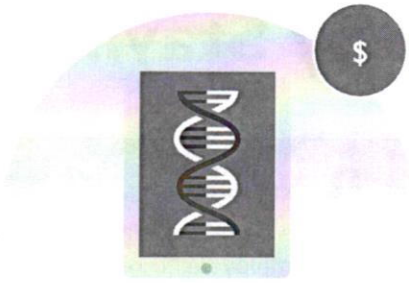
- Be sure to get your September prescriptions filled prior to 9/1/2024 while still covered under 90 Degree Benefits. This will prevent any last-minute issues in getting prescriptions filled at the beginning of September should the ID Cards be delayed.
- If your prescriptions required a prior authorization through 90 Degree Benefits, chances are they will require a prior authorization with EBMS. Once you get your ID Number you will need to make sure that you get your prior authorizations taken care of with EBMS through your provider(s).

Appointments and Procedures

- If you have any routine or non-urgent appointments scheduled the first two weeks of September, consider rescheduling if at all possible.
- If you have a procedure scheduled after 08/31/2024, you will need to get a new prior authorization through EBMS before proceeding with your care. Carriers do **not** honor each other's prior authorizations.

WHERE TO SEEK CARE

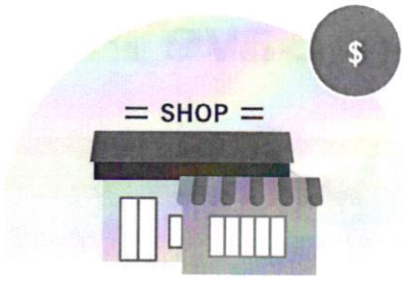
Smart medical consumerism starts with understanding where to secure quality, cost-effective care.



TELEHEALTH CARE

When you need quick access for non-life-threatening conditions, telehealth care can save you time and money.

- Allergies
- Bug bites
- Earache
- Infections
- Poison ivy, rash
- Sore throat



RETAIL HEALTH CARE

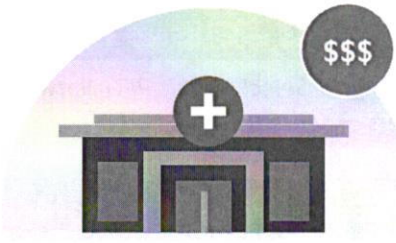
For convenient, walk-in care for non-emergency conditions.

- Basic screenings
- Infections
- Minor injuries
- Rash
- Skin conditions
- Sports physicals
- Vaccinations

PRIMARY CARE

Secure an appointment with your doctor for general care and health concerns.

- Cold, flu symptoms
- Immunizations
- Medication refills
- Well visits



URGENT CARE

Generally appropriate for after-hours and weekend care for non-life-threatening incidents.

- Cuts requiring stitches
- Ear infections
- Fever or flu
- Mild asthma symptoms, Sprain, strains
- Urinary tract infection

EMERGENCY CARE

In the event of a life-threatening emergency, call 911 or seek care in an emergency room.

- Broken bone
- Chest pain, heart attack
- Choking
- Head injury
- Poisoning
- Respiratory distress
- Severe burns

Your employer-sponsored health care plan generally covers some or all cost associated with medical care secured at various health care outlets. Check your summary plan documents for applicable copays, deductible or coinsurance amounts, or contact your Bukaty Companies service representative.

BUKATY COMPANIES
Expertise you experience

DEMYSTIFYING AN EXPLANATION OF BENEFITS

Explanation of benefits (EOBs) are a key component in understanding medical costs, but the information overload can be dizzying. To understand the true cost of care and the value of your benefit plan, it's important to review each EOB carefully to confirm services and charges are accurate.

Wait to pay expenses

An EOB is not a bill but is an important piece in completing the pricing puzzle. EOBs indicate what a provider charged, the amount covered by your benefit plan, and what the patient is responsible for paying. EOBs generally are issued within 30 days of a carrier receiving a claim, but timelines can vary.

Compare the EOB and bill

Compare the EOB to the provider bill. The provider may over or underestimate the amount owed. Ensure that the type of service and billing codes also match. If there are unrecognizable charges for supplies or services that you cannot recall receiving, contact the provider for further clarity. While EOB layouts vary by carrier, common fields include service details like medical codes, provider name and location, the patient's member ID, total provider charge, the carrier's allowed and paid amounts, and the patient's cost share.

Remit or remediate payment

If the provider statement and EOB mirror cost and services received, patients can pay the provider with confidence. If there are discrepancies between the EOB and bill, contact your Bukaty Companies representative for assistance in resolving the issue.

Sample scenario

In the EOB below, the patient received a medical service at an in-network facility for $1,000. The carrier discount lowered the cost of care by $400. The remaining $600 was paid according to the benefit schedule. The patient was responsible for paying 20% coinsurance, or $120. The plan paid $480. The patient's cost was applied to the annual deductible.

EXPLANATION OF BENEFITS
Not a bill

HEALTH CARE

Patient details
John Doe
1234 Main St
Kansas City, MO

Member information
Group ID: 567890
Group name: ABC Company
Member ID: 444444

Provider name, location and service date
Sample Hospital
4567 Maple Ln
Kansas City, MO
7/01/2024

Claims breakdown

					Patient Responsibility			
Date of service	Service received	Total provider charges	Carrier discount	Amount paid by plan	Non-covered charges	Copay	Coinsurance	Total patient cost share
7/01/2024	Medical procedure	$1,000	$400	$480	$0	$0	$120	$120

EOBs are one of the many tools that provide clarity on health care costs. For more resources to boost employee education, contact your Bukaty Companies representative.

BUKATY COMPANIES
Expertise you experience

Medical Plans

SCMCAA will contribute a monthly allowance toward the cost of medical premiums. The following table will give you an overview of how the plan works and what your responsibilities are. A complete summary of benefits is available on Employee Navigator.

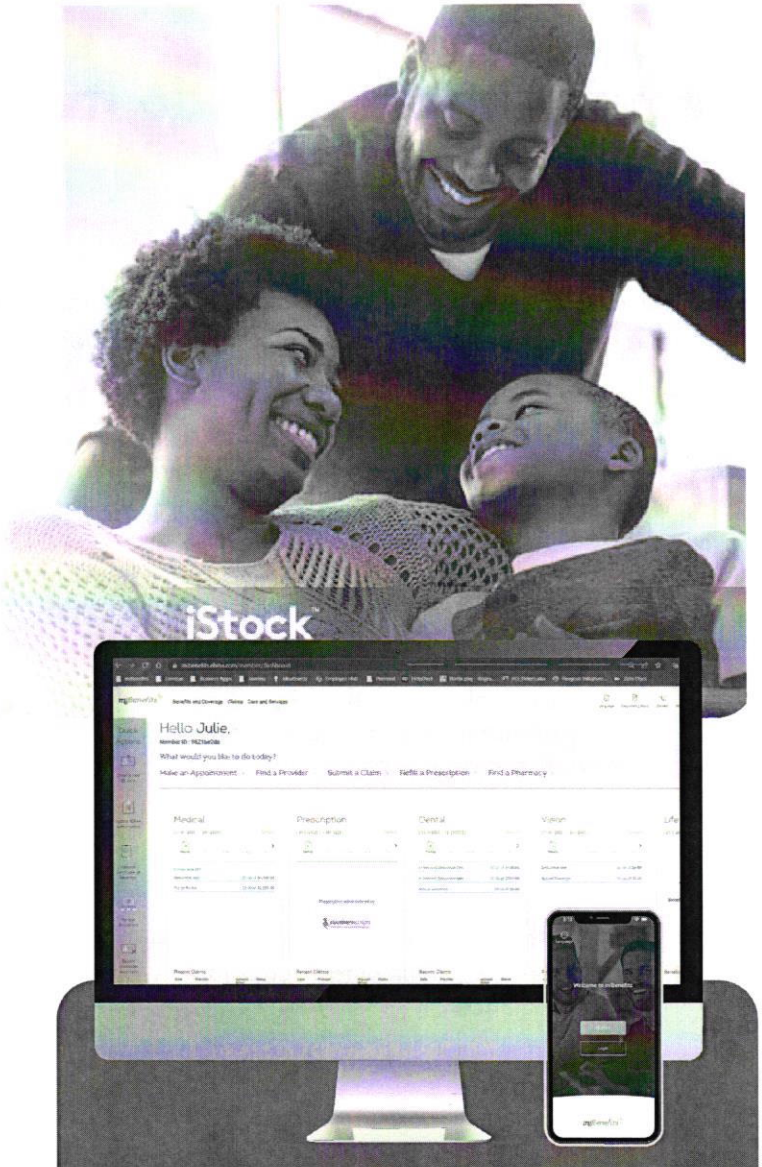
Benefits	
Deductible Individual / Family *(per calendar year)*	$2,500 / $5,000
Coinsurance	80% After Deductible
Out-Of-Pocket Maximum *(per calendar year)* Individual / Family *(includes copays, deductible and coinsurance where applicable)*	$6,250 / $12,500
Office Visits	
Primary Care Physicians	$35 Copay
Specialists	$70 Copay
Telehealth Visit	$35 Copay
Preventive Care Services *(Includes routine screenings, preventive immunizations, well-woman visits/screenings, contraceptive methods. See Healthcare.org for a full list of preventative care services)*	$0 Copay
Pharmacy Prescription Drug Coverage Generic / Preferred Brand / Non-Preferred Brand	$15 / $40 / $75
Mail Order Prescription Drug Coverage Generic / Preferred Brand / Non-Preferred Brand	$37.50 / $100 / $187.50
Urgent Care Facility	$50 Copay
Inpatient/Outpatient Hospital Care *(Pre-service review is required)*	Deductible then Coinsurance
Diagnostic Tests *(x-ray, blood work)*	Deductible then Coinsurance
Imaging *(CT/PET scans, MRIs)* *(Pre-service review is required)*	$200 Copay
Outpatient Surgery *(Pre-service review is required)*	Deductible then Coinsurance
Emergency Services	Deductible then Coinsurance
Home Health Care *(Pre-service review is required. Calendar year max of 60 visits)*	Deductible then Coinsurance
Rehabilitation Services *(Pre-service review required for inpatient services)*	Inpatient: Deductible then Coinsurance Outpatient: $35 Copay per visit
Physical & Occupational Therapy *(Calendar year max of 20 visits per therapy)*	$35 Copay
Skilled Nursing *(Pre-service review is required, Calendar year max of 60 days)*	Deductible then Coinsurance
Durable Medical Equipment *(Pre-service review is required)*	Deductible then Coinsurance
Outpatient Mental Health, Behavioral Health or Substance Abuse Services	Office Visits: $35 Copay Outpatient Services: Deductible then Coinsurance
Inpatient Mental Health, Behavioral Health or Substance Abuse Services *(Pre-service review is required)*	Deductible then Coinsurance

Medical Plan Costs – Full Year	Employee Only	Employee & Dependent(s)
Total Premium 26 Pay Periods	$528.30	$1,165.12
SCMCAA Contribution	$473.30	$473.30
Employee Cost 26 Pay Periods	$55.00	$691.82

Medical Plan Costs – Part Year	Employee Only	Employee & Dependent(s)
Total Premium 20 Pay Periods	$686.79	$1,514.65
SCMCAA Contribution	$615.29	$615.29
Employee Cost 20 Pay Periods	$71.50	$899.36

Manage Your Benefits

ebms



The miBenefits portal gives you 24/7 access to all of your health plan details.

You can easily:

- Find and compare providers.
- See all your benefits and replace your Benefits ID card.
- Track your spending at a glance.
- Review and monitor claims information.

Scan here to access the miBenefits portal.

Sign up!

Quick registration. Simple benefits management.

miBenefits.EBMS.com

Manage your benefits anywhere, anytime. Download the free "miBenefits" app.

Download on the App Store | GET IT ON Google Play

Note: Your plan must be live to register for the miBenefits portal or the "miBenefits" app.

Now's the time to do more with your benefits.

Everything in one place

Easily access and manage all benefits, healthcare spending and claims for you and your family. You get all the information you need to make informed healthcare decisions while taking full advantage of your health plan.

The miBenefits portal is loaded with features:

Find Providers
Find and compare providers by cost, quality and plan acceptance data. You can also get help scheduling appointments and take advantage of wellness programs.

Prescription Planner
Track when you need to order a prescription refill and then do it right online.

See All Your Benefits
Get the most out of your healthcare benefits by reviewing your company plan at a glance.

Claims Monitoring
View the status of all claims, as well as the details around each.

Track Your Spending At a Glance
Stay on top of your healthcare spending and see where you are in your deductible and out-of-pocket expenses.

Learn More About Your Benefits
Benefit plans can be hard to understand. The "Just For You" section has educational materials specific to your needs.

Scan here to access the **miBenefits portal.**

Register when your plan is live:
miBenefits.EBMS.com

Questions about the miBenefits portal? We're here to help.
Call us at the number on your Benefits ID card.

ebms

TELEHEALTH

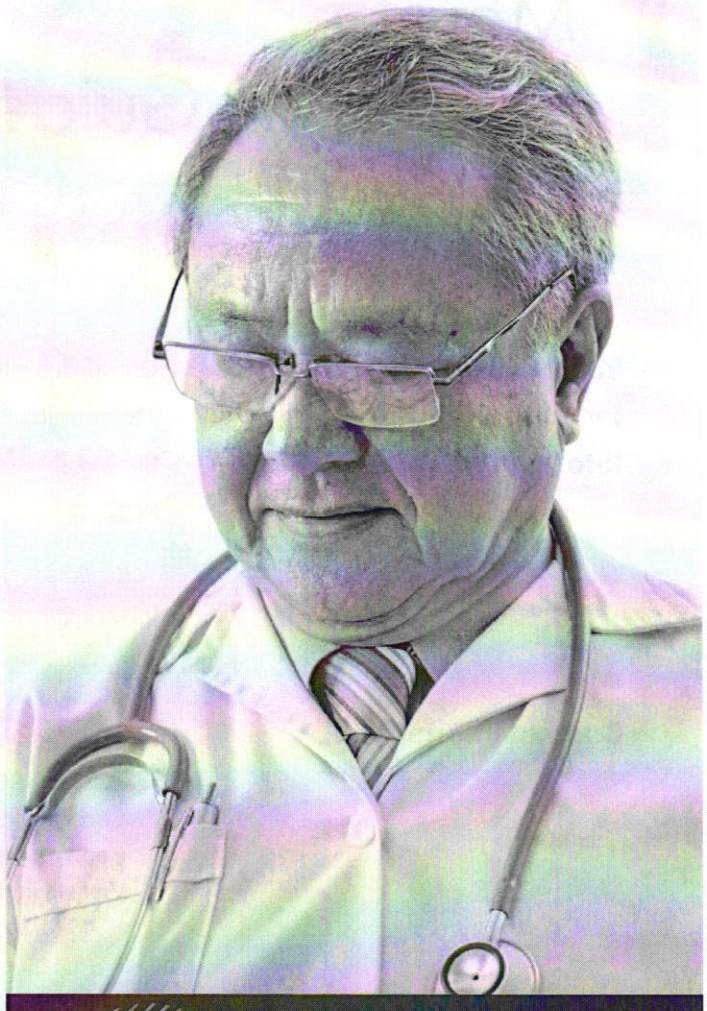
Virtual Urgent Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Copay: $35



HOW TO ACCESS

01 Sign up with the Recuro Care app or visit the webpage below to access: "member.recurohealth.com"

02 Enter your employer member ID

03 Create your username and password

04 Complete your medical history

05 Schedule your consult

*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.

Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...

RECURO HEALTH

customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download

Member Reference Guide

LIVINITI
formerly Southern Scripts

Your Pharmacy ID Card Includes Important Information

Group Number:	**Found on your Member ID Card**
Member ID:	**Found on your Member ID Card**
Bin Number:	**015433**
PCN:	**SSN** **(SSN is a network acronym – it does not refer to your social security number)**
PBM:	**Liviniti**

Contact Information

We're here 24/7/365 to support plan members

- Call us: (800) 710-9341
- Send a fax: (318) 214-4190
- Send an email: support@liviniti.com
- Visit: liviniti.com

Find What You Need

The Liviniti **Member Center** is your one-stop hub for all the information you need to maximize your pharmacy benefits.

The **Member Portal** is loaded with information about your pharmacy benefits and prescriptions. After you create your account and confirm your registration, you can login to the Member Portal from the Member Center.

On the Member Portal you can:

- View benefit details, including out-of-pocket and deductible information for you and your family
- Review your prescription history and share it with your physician
- Search for a nearby pharmacy based on your zip code
- Find and compare drug prices to find the best price at any network pharmacy in a few easy steps
- Search for medications by name and view formulary tier, whether it is a specialty or over-the-counter (OTC) drug, and any special programs such as prior authorization or quantity limits that apply to the medication
- Check the history or status of any prior authorization
- Locate the mail order pharmacy used by your plan
- Download a digital ID card

Activate your Member Portal:

1. Visit liviniti.com/members
2. Under Member Portal Login, select "Create Account"
   - Refer to your ID card for your credentials
   - Choose a password
   - Click "Register"
3. You will receive an email to confirm your registration before you can login

Find What You Need (continued)

Your **Company Page** also has helpful information. You do not need to create a personal account but will need your Group Number. On the Member Center, scroll down to Your Company Page, enter your Group Number and click "Visit Company Page."

On your Company Page you can:

- Find your plan's Formulary or Drug List and look-up a drug or learn more about your coverage
  - Use your Group Number to access your Company Page
  - Under **Search For Medications**, type the name of your medication and click Search
- Locate the best network pharmacy for your needs based on the zip code you enter
  - Use your Group Number to access your Company Page
  - Select **Network Pharmacy Locator***
  - Enter your ZIP code
  - Enter the Liviniti Bin Number: 015433
  - Choose your search radius and select "Search"
- Locate the mail order pharmacy for your plan
  - Use your Group Number to access your Company Page
  - Select the **Mail Order Icon**

***These symbols are in the Network Pharmacy Locator**

firstchoice

Pharmacy is contracted as a FirstChoice pharmacy

Pharmacy is contracted for specialty medications

Pharmacy is contracted for vaccines

Take your pharmacy benefits on the go with the Liviniti Mobile App.

The mobile app has the same features and information as the Member Portal. You can find a free copy of the Liviniti Mobile App wherever you download apps for your phone. Get started today!

iPhone QR Code

Android QR Code

What is the FirstChoice™ Pharmacy Network?

FirstChoice is the preferred pharmacy network of Liviniti. You'll find reduced prescription costs at network pharmacies that generally offer a lower cost on medications than a standard (non-preferred) pharmacy. The network consists of independent, community pharmacies as well as well-known regional or national chains. Participating pharmacies are approved to fill a 90-day supply of medications. Specialty medications are limited to a 30-day supply.

LIVINITI
formerly Southern Scripts

miRx

Get Your Medicine By Mail

Get your medications delivered to your home, doctor's office, or anywhere you choose in private, secure packaging. Free standard shipping included!

As part of your pharmacy benefit plan, you have access to a mail order pharmacy for medications you take on an ongoing basis.

We are excited to announce that **miRx is your new mail order pharmacy**. Using a mail order pharmacy may be a great option if your physician has prescribed a medication that you take on an ongoing basis and you prefer not to visit the pharmacy every month. Please talk with your physician to see if a 90-day supply is appropriate for you!

Below is helpful information to get you started with mail order.

Enroll now with miRX
First time access only

1. Visit mirxpharmacy.com
2. Click **Enroll Now**
3. Click on the **miRx Enrollment Form**
4. Fill out the form and submit via email to miRx@ebms.com

Transferring Prescriptions
Once you are enrolled online with miRx, you may begin transferring your prescriptions online as well.

1. Visit mirxpharmacy.com
2. Click **Enroll Now**
3. Click on the **Prescription Transfer Form**
4. Complete the form and click the **Submit** button at the bottom

Alternatively, you may submit via:

Fax: **(406) 869-6552**
Email: **miRx@ebms.com**

Mail: **miRx**
933 S 24th Street
Suite A
Billings, MT 59102

Mail Order Information
miRx

miRx

Name: **miRx**
Pharmacy NPI: **1083946123**

Monday-Friday
8:00am - 6:00pm MST
Saturday
8:00 AM - 12:00 PM MST
Monday-Friday (Cust. Service)
9:00am - 7:00pm CST

Phone: (406) 869-6551
Cust. Service: (866) 894-1496
Website: mirxpharmacy.com

Dental Plan – Base Plan

Ameritas

SCMCAA will contribute a monthly allowance toward the cost of dental premiums. Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plans cover routine checkups, basic and major dental work.

Dental Benefits	Base Plan
Maximum Benefit *(per person per calendar year)*	$1,000
Deductible *(per calendar year)* *(Applies only to basic and major services)*	$50 / $150
Rollover Benefit	
Benefit Threshold	$500
Annual Carryover Amount	$250
Annual PPO Bonus	$100
Maximum Carryover	$1,000
Preventive Dental Services • Routine Exams *(2 per benefit period)* • Bitewing X-rays *(2 per benefit period)* • Full Mouth/Panoramic X-rays *(1 in 3 years)* • Periapical X-rays • Cleanings *(2 per benefit period)* • Fluoride for children 18 and under *(1 per benefit period)* • Sealants *(age 16 and under)* • Space Maintainers	100%
Basic Dental Services • Fillings for cavities • Restorative Composites *(anterior and posterior teeth)* • Denture Repairs • Simple Extractions • Anesthesia • Endodontics (nonsurgical) • Periodontics (nonsurgical)	50%
Major Dental Services • Onlays • Crowns *(1 in 5 years per tooth)* • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) *(1 in 5 years)* • Complex Extractions	25%
Orthodontic Dental Services • Orthodontia for dependent children under age 19	Not Covered
Fusion Benefit: Each member can use up to $100 towards any covered eye care expense.	

Dental Plan Costs – Full Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 26 Pay Periods	$7.29	$13.70	$18.59	$24.99
SCMCAA Contribution	$7.29	$7.29	$7.29	$7.29
Employee Cost 26 Pay Periods	$0.00	$6.41	$11.30	$17.70

Dental Plan Costs – Part Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 20 Pay Periods	$9.48	$17.81	$24.17	$32.50
SCMCAA Contribution	$9.48	$9.48	$9.48	$9.48
Employee Cost 20 Pay Periods	$0.00	$8.33	$14.69	$23.02

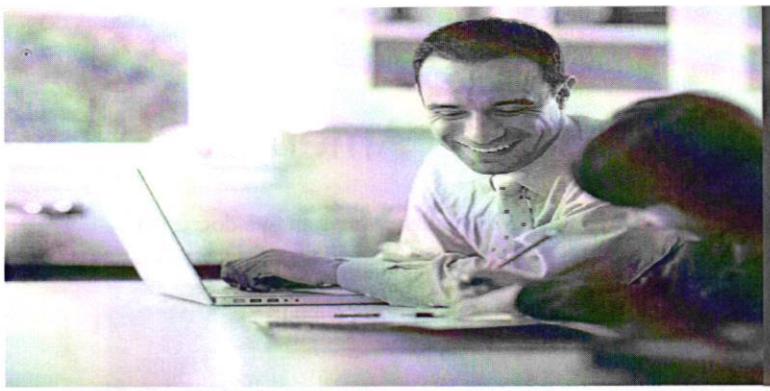
Dental Plan – Buy-Up Plan

Ameritas

Dental Benefits	Base Plan
Maximum Benefit *(per person per calendar year)*	$1,500
Deductible *(per calendar year)* *(Applies only to basic and major services)*	$50 / $150
Rollover Benefit	
Benefit Threshold	$750
Annual Carryover Amount	$250
Annual PPO Bonus	$150
Maximum Carryover	$1,000
Preventive Dental Services • Routine Exams *(2 per benefit period)* • Bitewing X-rays *(2 per benefit period)* • Full Mouth/Panoramic X-rays *(1 in 3 years)* • Periapical X-rays • Cleanings *(2 per benefit period)* • Fluoride for children 18 and under *(1 per benefit period)* • Sealants *(age 16 and under)* • Space Maintainers	100%
Basic Dental Services • Fillings for cavities • Restorative Composites *(anterior and posterior teeth)* • Denture Repairs • Simple Extractions • Anesthesia • Endodontics (nonsurgical) • Periodontics (nonsurgical)	80%
Major Dental Services • Onlays • Crowns *(1 in 5 years per tooth)* • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) *(1 in 5 years)* • Complex Extractions	50%
Orthodontic Dental Services	
• Orthodontia for dependent children under age 19	50%
• Lifetime Maximum Benefit	$1,500
Fusion Benefit: Each member can use up to $100 towards any covered eye care expense.	

Dental Plan Costs – Full Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 26 Pay Periods	$13.71	$25.69	$31.16	$46.36
SCMCAA Contribution	$7.29	$7.29	$7.29	$7.29
Employee Cost 26 Pay Periods	$6.42	$18.40	$23.87	$39.07

Dental Plan Costs – Part Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 20 Pay Periods	$17.83	$33.40	$40.51	$60.28
SCMCAA Contribution	$9.48	$9.48	$9.48	$9.48
Employee Cost 20 Pay Periods	$8.35	$23.92	$31.03	$50.80



Fusion

The Ultimate Choice®

Two benefits – dental and vision – combined into one plan that lets you and your family receive the care you need most.

Using Your Benefits is Easy

You may visit any vision or dental provider.

Vision: At your vision appointment, pay the provider and request an itemized receipt. Then submit a claim, including a copy of your receipt, for reimbursement up to your vision plan benefit.

Dental: To make your dental benefit dollars go further, visit an Ameritas Dental Network provider. Network savings are typically 25-50% below, based on ZIP Code. To find a network provider in your area, visit ameritas.com, Find a Provider. Dental providers in the Ameritas Dental Network will file claims for you. Providers outside of the network may ask you to submit the claim.

Claim forms can be found at ameritas.com/dental, Resource Center, Members, Forms. Generic claim forms from your provider also will work. Remember to submit your claims within 90 days after completion of the service.

Understanding Your Plan Benefits

Your highlight sheet details the benefits available to each person covered on your plan. You may see up to three features combined between your dental and vision plans – maximum, deductible and frequency – which can reduce either your monthly plan payment or out-of-pocket expenses. The sample highlight sheet included here shows a Fusion plan with a shared maximum.

Example
FUSION Highlight Sheet

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Plan 1
FUSION: THE ULTIMATE CHOICE℠ combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.
For the maximum:
- The member can use up to $1,500 toward any covered dental expense.
- The member can use up to $250 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,500.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50 per calendar year Types 2, 3
Waiting Period	None

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances	Frequencies *Based on date of service*	
Exam	Subject to maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to maximum	Frames	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum	Maximum	$250
Progressive	Subject to maximum	Deductibles (None)	
Contacts			$0*
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

Waiting Period	None

Plan Maximums

Dental Plan Summary

Eye Care Summary

How it Works

Plan benefits are paid as services are received. Let's assume Sam visited his dentist twice during the year and needed some additional dental procedures. He also replenished his supply of contacts. Based on the sample highlight sheet above, here is how the plan would cover his dental and vision expenses.

Service	Cost*	Insurance covers	Sam pays	
1st dental preventive visit (Type 1)	$165	$165	$0	The dental plan features a $1,500 maximum. The $50 shared deductible for Type 2 and 3 services was paid before the coinsurance was applied on the filling.
Dental filling (Type 2)	$160	$88	$72 (includes $50 deductible)	
Dental crown (Type 3)	$1,100	$550	$550	
Eye exam	$154	$154	$0	Sam met his $250 vision annual maximum.
Contacts with fitting	$370	$96	$274	
2nd dental preventive visit (Type 1)	$165	$165	$0	Although the vision maximum was met, there is still money left for additional dental expenses.
TOTAL	**$2,114**	**$1,218**	**$824**	**With a $1,500 combined Fusion maximum, Sam paid only $824 for the dental and vision services he received.**

*Cost estimates without insurance from United States Government Accountability Office Dental 2013, and All About Vision 2016. Check with your dentist and vision providers for procedure costs.

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Vision Plans

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SCMCAA will contribute a monthly allowance toward the cost of vision premiums. An annual vision exam allows an eye doctor to identify vision problems, as well as other health conditions, such as diabetic eye disease, high blood pressure and high cholesterol.

Benefits	VSP Plan		EyeMed Plan	
	Choice Network	Non-Network Allowance	Access Network	Non-Network Allowance
Comprehensive Eye Exam *(once every 12 months)*	$10 Copay	Up to $45	$10 Copay	Up to $35
Standard Corrective Lenses *(once every 12 months)*				
• Single Vision	$25 Copay	Up to $35	$25 Copay	Up to $25
• Lined Bifocal	$25 Copay	Up to $50	$25 Copay	Up to $40
• Lined Trifocal	$25 Copay	Up to $65	$25 Copay	Up to $55
• Lenticular	$25 Copay	Up to $100	20% Discount	No Benefit
Standard Lens Enhancements				
• Ultraviolet Coating	$16 Copay	No Benefit	$15 Copay	No Benefit
• Polycarbonate *(To Age 18)*	$0 Copay	No Benefit	$40 Copay	No Benefit
Additional Lens Enhancements				
• Progressive Standard	Provider's contracted fee for lined bifocals	Up to lined bifocal allowance	$90 Copay	No Benefit
• Progressive Premium	Provider's contracted fee for lined bifocals	Up to lined bifocal allowance	Lens cost - 20% discount - $120 allowance + Std Prog Copay	No Benefit
• Polycarbonate *(Adult)*	$33 Copay	No Benefit	$40 Copay	No Benefit
• Scratch-Resistant Coating	Up to $33 Copay	No Benefit	$15 Copay	No Benefit
• Anti-Reflective Coating	Up to $85 Copay	No Benefit	$45 Copay	No Benefit
Frame Allowance (In Lieu of Contacts)	$200 Allowance + 20% off balance	$70 Allowance	$200 Allowance + 20% off balance	$90 Allowance
Contact Lenses (In Lieu of Glasses) *(once every 12 months)*	$200 Allowance	Up to $210	$200 Allowance	Up to $200
Contact Fitting and Evaluation *(once every 12 months)*	Up to $60	No Benefit	Std: Up to $10 Prem: 10% off retail	No Benefit

Vision Plan Costs – Full Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 26 Pay Periods	$3.60	$6.79	$8.04	$10.77
SCMCAA Contribution	$3.60	$3.60	$3.60	$3.60
Employee Cost 26 Pay Periods	$0.00	$3.19	$4.44	$7.17

Vision Plan Costs – Part Year	Employee Only	Employee/Spouse	Employee/Children	Employee/Family
Total Premium 20 Pay Periods	$4.68	$8.83	$10.45	$14.00
SCMCAA Contribution	$4.68	$4.68	$4.68	$4.68
Employee Cost 20 Pay Periods	$0.00	$4.15	$5.77	$9.32

Vision Benefits With Options for Diverse Employee Needs

Dual choice vision plans
for groups of 20-1,000 eligible employees

Are you faced with the following benefits challenges?

- Enrollment is low, resulting in higher premiums for those who do enroll.
- Employees visit out-of-network providers, so they don't experience the savings and value of their benefits.
- Employees visit network providers to save money, but don't feel good about having to change providers.

You can offer employees one or both of the nation's largest vision networks, so their vision provider is more likely to be in-network.

Dual choice vision plans may be the solution.

You offer two different vision plan designs. Your employees have the freedom to decide which plan is right for them.

- Offer two plans with the convenience of one carrier, one enrollment form, one plan administration process.
- When employees can choose benefits that fit their needs, enrollment and benefit usage are typically higher, and employees value their benefits more.
- Cost saving options both in- and out-of-network encourage members to enroll and use their benefits.

Plans include network and non-network options:

VSP network	**EyeMed** network	**No** network
Network includes: Costco Optical, Walmart, Sam's Club, Visionworks eyeconic Eyeconic.com is in the VSP network, so vision benefits are applied directly to the online order.	Network includes: LensCrafters, Pearle Vision, Optical 1 contactsdirect GLASSES.com Contacts Direct and Glasses.com are in the EyeMed network and apply vision benefits to the online shopping cart.	Reimbursement based plan – pick one of two plan design options • Members select the vision provider of their choice, pay the provider directly

Additional network information

VSP network	**EyeMed** network	**No** network
• The option to apply your lens an frame allowances to prescription safety glasses in lieu of regular eyeglasses or contacts. • 86% of VSP doctors o fer early morning, evening or weekend hours, and they take care of filing your claim.	• EyeMed p oviders are open an average of 10 evening hours and 12 weekend hours each week, and they submit your claim form for you. • Nearly 100 frames priced $130 o lower at every location.	Choose to offer either a Flat Max or MCE plan. • Flat Max plans reimburse members for eligible exams, eyeglass lenses, frames, contacts and prescription safety glasses collectively, up to the plan's fixed annual maximum. There are no benefit frequency limitations. • MCE plans reimburse members based on fixed amounts assigned to vision services and materials. Exam-Lens-Frames benefit frequencies apply.

All plans offer member discounts

VSP network	**EyeMed** network	**No** network
• An extra $20-$40 to spend on featured frame brands. • 20% off the remaining frame balance, additional pairs of prescription glasses and non-prescription sunglasses. Plus 20-40% off lens enhancements. • 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider. Based on applicable laws, reduced costs may vary by doctor location. *Members visiting a Costco location will receive the wholesale equivalent price instead of the 20% discount.	• VSP provider discounts include 20%off the remaining frame balance, additional prescription glasses, and non-covered lens options. 40% off a second pair of prescription glasses, plus discounts on lens options. • 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider. Based on applicable laws, reduced costs may vary by doctor location.	• Members can receive discounts on eyewear from Walmart Vision Centers nationwide. • Benefits can be used in conjunction with provider special pricing, coupons, and even "buy one get one free" offers. Based on applicable laws, reduced costs may vary by doctor location.

Ameritas fulfilling life

Basic Life and AD&D Plan

Mutual of Omaha

Coverage is provided by SCMCAA at no cost to the employee and is effective on the first day of the month following 30 days of full-time employment. You have the option to purchase Basic Life for your spouse and children. AD&D is not available for dependents.

Benefits	Employee	Spouse	Child (6 months and older)	Child (14 days to less than 6 mos)
Benefit Amount	$25,000	$10,000	$5,000	$1,000
Reduction Schedule	Benefits reduce to 65% at age 65 and 50% at age 70.			

Basic Life/AD&D Plan Costs – Full Year	Employee	Spouse and Child
Total Premium 26 Pay Periods	$1.93	$1.56/unit
SCMCAA Contribution	$1.93	$0.00
Employee Cost 26 Pay Periods	$0.00	$1.56/unit

Basic Life/AD&D Plan Costs – Part Year	Employee	Spouse and Child
Total Premium 20 Pay Periods	$2.51	$2.03/unit
SCMCAA Contribution	$2.51	$0.00
Employee Cost 20 Pay Periods	$0.00	$2.03/unit

Voluntary Life and AD&D Plan

Mutual of Omaha

You have the option of purchasing additional life insurance for yourself, your spouse, and your children. Having adequate life insurance for yourself and your family may help ease burdens during a difficult time.

Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue*	Benefit Reduction / Termination
Employee	$10,000	5 times annual earnings, up to $500,000	5X annual earnings, up to $150,000	Benefits reduce to 35% at age 60, and 50% at age 70. Coverage terminates at retirement
Spouse	$5,000	100% of employee election, up to $250,000	100% of employee election, up to $25,000	Benefits reduce to 35% at age 60. Coverage ends at employee age 70.
Child(ren)	$5,000 or $10,000	100% of employee	$10,000	No benefits for less than 14 days old. Coverage terminates at 26 years old.

* *Without medical documentation*

See Employee Navigator for Rate Details

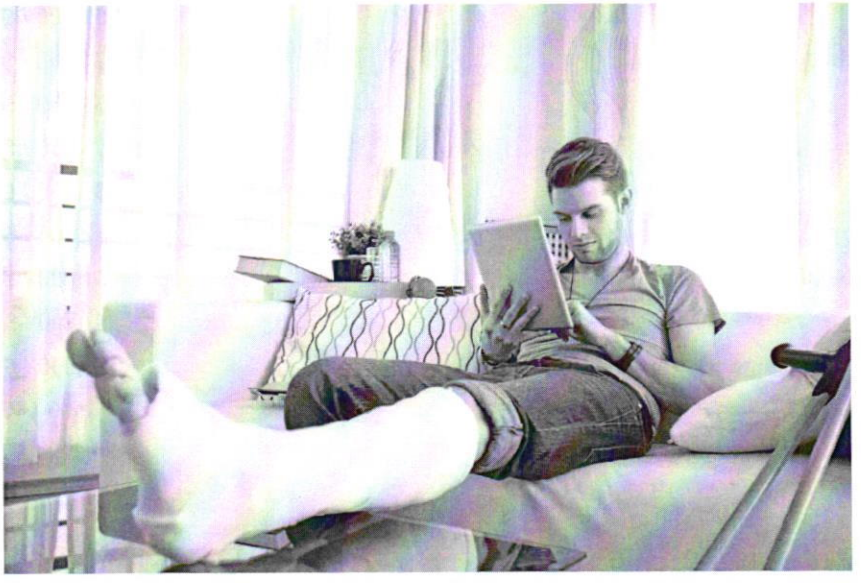
Voluntary Short-Term Disability

Mutual of Omaha

Short-Term Disability pays a weekly benefit directly to you in the event of a short-term illness or accident that does not allow you to work.

Benefits	
Weekly Benefit	60% of weekly earnings, not to exceed $500
Minimum Weekly Benefit	$25
Elimination Period	Benefits begin on the 15th day of your disabling injury or illness
Maximum Benefit Period	Up to 11 weeks
Partial Disability Benefits	If you become disabled and can work part-time, you may be eligible for partial disability benefits until you are able to work full-time.

See Employee Navigator for Additional Rate Details



Voluntary Accident Plan

Mutual of Omaha

You have the option of purchasing accident insurance for yourself, your spouse, and your children. Accidents are unexpected and can strike any member of your family. Fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose.

Benefits	
Initial Care & Emergency Benefits	
Emergency Room	$300
Urgent Care Center	$225
Initial Physician Office Visit	$100
Ground Ambulance	$300
Air Ambulance	$1,500
Fractures	
Bone/Bone Group:	Open Reduction / Closed Reduction
Skull, depressed (Cranial bones)	$9,000 / $4,500
Skull, non-depressed (Cranial bones)	$4,500 / $2,250
Bones of face (Except nose and lower jaw)	$1,800 / $900
Nose (Nasal bones)	$1,350 / $675
Lower jaw (Mandible)	$1,800 / $900
Shoulder blade (Scapula)	$1,800 / $900
Collarbone (Clavicle)	$1,350 / $675
Breastbone (Sternum)	$1,800 / $900
Rib	$1,350 / $675
Upper arm (Humerus)	$1,800 / $900
Forearm (Radius and/or ulna)	$1,800 / $900
Wrist (Carpals)	$1,800 / $900
Hand (Metacarpals, except fingers)	$1,800 / $900
Fingers (Phalanges)	$400 / $200
Vertebral body (Except vertebral processes)	$4,500 / $2,250
Vertebral process	$1,800 / $900
Tail bone (Coccyx)	$1,350 / $675
Pelvis (Except tail bone and hip bones)	$4,500 / $2,250
Hip bones (Illium, ischium and/or pubis)	$8,000 / $4,000
Thigh (Femur)	$4,500 / $2,250
Knee cap (Patella)	$1,800 / $900
Lower leg (Tibia and/or fibia)	$4,500 / $2,250
Ankle (Talus)	$1,800 / $900
Foot (Metatarsals and calcaneus, except toes)	$1,800 / $900
Toes (Phalanges)	$400 / $200
Chip Fracture	25% of the closed reduction amount for the bone/bone group

Voluntary Accident Plan *(continued)*

Dislocations	
Joint/Joint Group	**Open Reduction / Closed Reduction**
Lower jaw (Temporomandibular)	$2,100 / $1,050
Shoulder (Glenohumeral)	$2,100 / $1,050
Collarbone and breastbone (Sternoclavicular)	$2,100 / $1,050
Elbow	$2,100 / $1,050
Wrist (Radiocarpal and/or intercarpal)	$2,100 / $1,050
Hand (Carpometacarpal and/or intrametacarpal)	$2,100 / $1,050
Fingers (Interphalangeal and/or metacarpophalangeal)	$500 / $250
Hip	$10,000 / $5,000
Kneecap (Patella)	$5,500 / $2,750
Ankle (Talocalcaneal and/or talocalcaneonavicular)	$3,600 / $1,800
Foot (Tarsometatarsal and/or intermetatarsal)	$3,600 / $1,800
Toes (Interphalangeal and/or metatarsalphalangeal)	$500 / $250
Partial Dislocation	25% of the closed reduction amount for the join/joint group
Lacerations	
Less than 2 inches	$250
2 inches to 6 inches	$550
Greater than 6 inches	$900
No repair required	$125
Burns	
2nd degree <= 9% TBSA	$300
2nd degree 10 - 36% TBSA	$350
2nd degree > 36% TBSA	$2,000
3rd degree < 18% TBSA	$3,500
3rd degree 18 - 36% TBSA	$10,000
3rd degree > 36% TBSA	$20,000
Skin Graft (% of burn benefit)	50%

Note: "TBSA" is an acronym for "total body surface area."

Voluntary Accident Plan *(continued)*

Dental Care	
Crown or Filling Repair	$300
Extraction	$125
Hospital, Surgical, & Diagnostic Benefits	
Admission	$1,500
Daily Confinement (Up to 365 days per accident)	$300 per day
ICU Confinement (Up to 15 days per accident)	$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	$200 per day
Exploratory/Arthroscopic (365 days)	$600
Abdominal/Cranial/Thoracic (365 days)	$3,500
Herniated Disc (365 days)	$1,800
Torn Knee Cartilage (365 days)	$1,000
Ligament/Rotator Cuff/Tendon (365 days)	$1,000
Eye Procedure (90 days)	$400
Blood Products (90 days)	$450
Pain Management (90 days)	$350
X-Ray	$75
Diagnostic Exam	$300
Brain Injury Diagnosis	$300
Follow-Up Care Benefits	
Physician Follow-Up Office Visit (Up to 6 per accident)	$150
Therapy Services (Up to 6 per accident)	$75
Medical Device	$300
Prosthetic Device(s) (Up to 2 per accident)	$1,250
Wellness Benefit	Provides a per year benefit for completing certain wellness screenings or procedures (refer to plan highlight for listing). $50 per member on plan.

Voluntary Accident Costs Per Pay Period	Full Year – 26 Pay Periods	Part Year – 20 Pay Periods
Employee Only	$4.87	$6.34
Employee & Spouse	$8.02	$10.43
Employee & Children	$10.70	$13.91
Employee & Family	$14.23	$18.50

Voluntary Critical Illness Plan

Mutual of Omaha

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment, high deductibles and co-pays may quickly diminish savings. Critical Illness coverage pays a lump sum benefit upon initial diagnosis of a covered critical illness/cancer.

Benefits	Employee	Spouse	Child
Benefit Amount	May elect benefit amounts of $5,000, $10,000 or $15,000	100% of the employee amount up to $15,000	25% of the employee amount up to $5,000
Guarantee Issue Amount	$15,000	$15,000	$4,000

Cancer Category	Benefit
Cancer (Invasive)	100%
Carcinoma in Situ (Non-Invasive)	25%
Bone Marrow Transplant	50%
Benign Brain Tumor	25%
Heart/Vascular Category	
Heart Attack (Myocardial Infarction)	100%
Heart Transplant/Placement on UNOS List	100%
Heart Valve Surgery	25%
Coronary Artery Bypass	25%
Aortic Surgery	25%
Stroke	100%
Organ Category	
Major Organ Failure	100%
End Stage Renal Disease (ESRD)	100%
Acute Respiratory Distress Syndrome (ARDS)	25%
Neurological Conditions Category	
Advanced Alzheimer's Disease, Advanced Parkinson's Disease, Amyotrophic Lateral Sclerosis (ALS)	100%
Child Conditions Category	
Cerebral Palsy	100%
Structural Congenital Defects	100%
Genetic Disorders	100%
Congenital Metabolic Disorders	100%
Type I Diabetes	100%
Wellness Benefit	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to plan highlights for listing). Employee $50; Spouse $50; Child $50

See Employee Navigator for Rate Details

Hospital Indemnity Plans

Mutual of Omaha

You have the option of purchasing Hospital Indemnity insurance for yourself, your spouse, and your children. Hospital Indemnity Insurance supplements your medical insurance by offsetting the cost of hospital inpatient stays. These plans, while not comprehensive like major medical plans, help defray some of the out-of-pocket costs associated with major medical plans or other comprehensive plans.

Benefits	
Hospital Admission *Limited to a combined total of 2 admissions*	
Hospital Admission	$1,000 per admission
Hospital Confinement	$2,000 per admission
Hospital Confinement *Limited to a combined total of 30 days per benefit year*	
Daily Hospital Confinement	$100 per day
Daily ICU Confinement	$200 per day
Daily Newborn Nursery Care Confinement	$75 per day, up to 2 days per policy year
Additional Benefits	
Express Benefit *Equal to one daily hospital confinement benefit*	$100 per hospital admission
Wellness Benefit	Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to plan highlights for listing). Employee $50; Spouse $50; Child $50

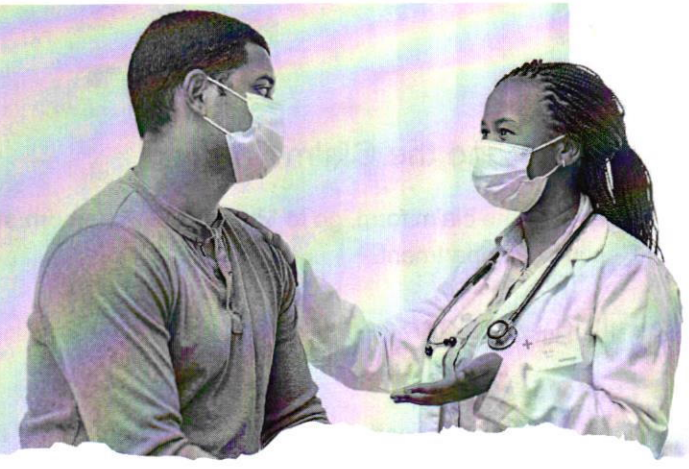
Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefits.

Hospital Indemnity Costs Per Pay Period	Full Year – 26 Pay Periods	Part Year – 20 Pay Periods
Employee Only	$12.13	$15.77
Employee & Spouse	$26.70	$34.70
Employee & Children	$16.02	$20.82
Employee & Family	$32.03	$41.64

EMPLOYEE BENEFITS

Health Screening Benefit

Supplemental Health



Your accident & critical illness insurance policy pays a lump sum amount for certain preventative health screenings to help keep you in good health when a health screening benefit* is included.

Advantages of Health Screenings

- Find diseases and conditions at an early stage to prevent a more serious diagnosis
- Improve outcomes, such as faster treatment, longer life, and less suffering
- Determine and influence risk factors

Available Health Screenings Include

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- EKG
- Double contrast barium enema (X-ray of the large intestines, colon and rectum)
- Fasting blood glucose test
- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

A complete list of the benefit amounts and maximum number of times this benefit may be payable can be found in the contract.

*The health screening benefit may not be available in all states. Check with your local sales representative.

Mutual of Omaha

How to Find the Claim Forms:

To access the claim form, go to **MutualofOmaha.com/support/forms.** You may also contact your Human Resources department.

Filing Options

Employee Portal:

1. Visit mutualofomaha.com/my-benefits. Register for an account or log in with your credentials.
2. Click on the "submit claim" icon on the portal homepage.
3. On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state.
4. Select the necessary form, then select "Complete form online".

Phone:
Submit over the phone by calling 1-800-877-5176 and follow the steps below:

1. Option 4 (for questions about life, critical illness, accident or hospital indemnity policies)
2. Option 2 (for accident)
3. Option 1 (to start a new claim)

ACCIDENT:

Mail them to:

Mutual of Omaha Insurance Company
Group Accident Claims
3300 Mutual of Omaha Plaza | Omaha, NE 68175-0001

Fax: (402) 997-1898
Email: submitgrpacc@mutualofomaha.com

CRITICAL ILLNESS:

Mail them to:

Mutual of Omaha Insurance Company
Group Critical Illness Claims
3300 Mutual of Omaha Plaza | Omaha, NE 68175-0001

Fax: (402) 997-1898
Email: submitgrpci@mutualofomaha.com

HOSPITAL INDEMNITY:

Mail them to:

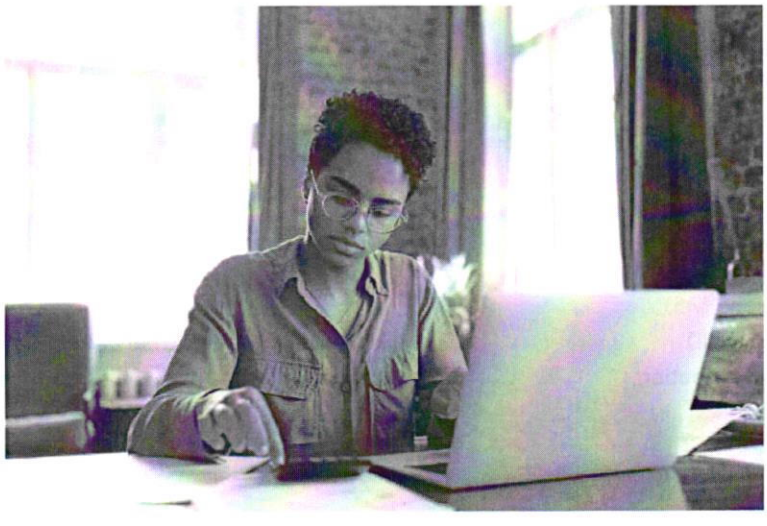
Mutual of Omaha Insurance Company
Group Hospital Indemnity Claims
3300 Mutual of Omaha Plaza | Omaha, NE 68175-0001

Fax: (402) 997-1898
Email: submitgrphi@mutualofomaha.com

We are here for you

If you have questions regarding your claim, please contact our dedicated toll-free number:

(800) 775-8805
(Monday - Friday, 7:30 a.m. - 5 p.m. CST)



Mutual Solutions

Worldwide Travel Assistance That Travels With You

Services available for business and personal travel.

WORLDWIDE TRAVEL ASSISTANCE

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

- Pre-trip Assistance
- Emergency Travel Support Services
- Identity Theft
- Education and Prevention
- Medical Assistance

For inquiries within the U.S. call toll free: 1-800-856-9947 For inquiries outside the U.S. call collect: (312) 935-3658

Employee Assistance Program

Basic EAP

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- ☑ Emotional Well-Being
- ☑ Family and Relationships
- ☑ Legal and Financial
- ☑ Healthy Life Styles
- ☑ Work and Life Transitions
- ☑ Access to a library of educational articles, handouts and resources via **mutualofomaha.com/eap**
  - *Legal library and online forms*
  - *Financial and online tools*

EAP Benefits

- ☑ Access to EAP Professionals 24 hours a day, seven days a week
- ☑ Provides information and referral resources
- ☑ Service for employees and eligible dependents
- ☑ Online resources for:
  - *Substance use and other addictions*
  - *Dependent and Elder Care resources*

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.

Counseling Options

Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Mutual Solutions

Will Preparation Services

Services provided by Epoq, Inc.

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Create your will at www.willprepservices.com and use the code MUTUALWILLS to register

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Mutual Solutions

Your Hearing Discount Program

Accessing Your Benefits is as Easy as...

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit amplifonusa.com/mutualofomaha

Program Benefits Include

- ☑ **Custom hearing solutions** - we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers
- ☑ **Risk-free 60-day trial** - 100 percent money-back guarantee on hearing aid purchase
- ☑ **Hearing aid low price guarantee** - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent
- ☑ **Continuous Care** - one year free follow-up, two years of free batteries and a three-year warranty

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Rights and Disclosures

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of otherhealth insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights in the Event You Lose Your Health (Medical/Dental/Vision) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months.
The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at

Questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan.

Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1.866.444.EBSA(3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

Missouri - Medicaid

dss.mo.gov/mhd/participants/pages/hipp.htm

573.751.2005

Important Notice from South Central Missouri Community Action Agency

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with South Central Missouri Community Action Agency and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SCMCAA has determined that the prescription drug coverage offered by EBMS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drugplan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15thto December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current EBMS coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until the SCMCAA next annual open enrollment or unless you experience a qualifying vent.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with EBMS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through SCMCAA changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Date: August 16th, 2024
Name of Entity/Sender: South Central Missouri Community Action Agency
Contact / Position: Denise Faulkner / Human Resource Director
Address / Phone: PO Box 6, Winona, MO 65588 / 573-235-4255

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insura nce Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer th at would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact ***Denise Faulkner*** .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
South Central Missouri Community Action Agency		43-0839302	
5. Employer address PO Box 6		6. Employer phone number 573-325-4255	
7. City Winona	8. State Missouri	9. ZIP code 65588	
10. Who can we contact about employee health coverage at this job? Denise Faulkner			
11. Phone number (if different from above)	12. Email address dfaulkner@scmcaa.org		

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ■ All employees. Eligible employees are:

  Employees working 30 hours or more per week.

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ■ We do offer coverage. Eligible dependents are:

  legal spouse and/or dependent children up to age 26

  ☐ We do not offer coverage.

■ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

■ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____(mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ 55.00
b. How often? ☐ Weekly ■ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? None
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

vision Group Claim Form

Ameritas Life Insurance Corp. Claim Office / P.O. Box 82520, Lincoln, NE 68501-2520
Toll Free 800-255-4931 / Fax 402-467-7336 / Web ameritasgroup.com

Ameritas

Part 1 – To be Completed by Employee

1. Patient's full name (first, middle initial, last)	2. Patient birthdate (MM/DD/YY)	3. Relationship to employee self spouse child other	1. Sex M F
2. Employee's full name (first, middle initial, last)	3. Employee's identification number	Employee's birthdate (MM/DD/YY)	

4. Employee's mailing address (Street address or P.O. Box, City, State, ZIP) Email address	5. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? Yes No If Yes, name and address of school

6. Employer (company) name and address	7. Policy number	Division number	Certificate number
South Central Missouri Community Action Agency PO Box 6 Winona, MO 65588			

QUESTIONS 11 AND 12 MUST BE COMPLETED WITH EACH CLAIM SUBMISSION

8. Is patient covered by another vision plan? Yes No	Name and address of other carrier	Policy number	Name and address of other employer

9. Other employee/subscriber name	Employee/subscriber identification number	Date of birth (MM/DD/YY)	Relationship to patient

10. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of treatment. I certify these statements to be true and complete to the best of my knowledge.	Check one box only: 14A. Please send payment to me OR 14B. Please pay provider below
X _____ Signature (patient, or parent if minor) _____ Date	X _____ Signature (insured person) _____ Date

Part 2 – To be Completed by Attending Vision Provider

IMPORTANT: Please attach an itemized receipt including provider's name and address, specific procedures and materials purchased. If this is attached, you will not need to complete Part 2.

15. Vision provider name and mailing address	For Yes answers to questions 17-19, enter a brief description and date. 17. Is treatment result of occupational illness or injury? ☐ Yes ☐ No
	18. Is treatment result of auto accident? ☐ Yes ☐ No
Specialty / Phone number	19. Other accident? ☐ Yes ☐ No
Email / Fax number	20. This is a (please check one): Statement of actual services Pretreatment estimate
16. Federal tax ID number ☐ SSN ☐ TIN / NPI (National Provider Identifier)	21. Is this for LASIK/PRK? ☐ Yes ☐ No
License #	22. Date of Service / Exam: / Materials:

23. Examination and Treatment Record Please include date of service, description of services, procedure code and fee.

Service	CPT Code	Fee	Lenses	CPT Code	Fee	Options	CPT Code	Fee
LASIK/ PRK left eye		$	Single		$	Anti-reflective		$
right eye		$	Bifocal		$	Scratch resist		$
Exam		$	Trifocal		$	Tint		$
Lens fitting		$	Progressive		$	Hi-index		$
Refraction		$	Lenticular		$	Edge polish		$
Other		$	Contacts		$	Other		$
Frames		$	Other		$	Discounts		

24. Remarks	25. Total $

26. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes.	27. Address where treatment was performed
X _____ Signature (Provider) _____ Date	

tips to speed claims processing

Part 1 – Employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 – Patient birthdate
Helps identify an insured and determine dependent eligibility.

#6 – Employee's identification number
This is the most important identifier for the plan member.

#8 – Student status
Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 – Coordination of benefits
The No box under #11 should be checked if no other vision coverage exists. If there is other vision coverage, the additional information requested is necessary for coordination of benefits.

Part 2 – Vision Provider

To help expedite the claims process, please be sure to include:

#16 – National Provider Identifier
There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#21 and #23 – LASIK/PRK
If LASIK or PRK, please make sure your vision provider marks the Yes box under #21, and includes description of services, procedure code, which eye (left, right or both), and the fee for each eye in the Examination and Treatment Record.

#20 – Statement of actual services, or Pretreatment estimate
Appropriate box should be marked to ensure correct handling.

NOTE: If there are two different providers (one for the exam, another for eyewear), we request that each provider submit a separate claim form.

Pretreatment Estimate of Benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive. A pretreatment estimate lets both the member and vision provider know in advance how much insurance will pay. If vision coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment. For full information regarding coverage, plan members may refer to their insurance plan booklet.

Website

Visit our website for benefit information, electronic forms, a list of vision providers if your plan includes a network, and more. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

MUTUAL of OMAHA

Underwritten by
United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company
Mutual of Omaha Affiliates

3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (800) 775-8805
Fax (402) 997-1898
Email submitgrpacc@mutualofomaha.com

Group Critical Illness/Accident Health Screening Benefit Claim Form

Section 1 - Policyholder/Employer Information

Employer Name: South Central Missouri Community Action Agency

Group Number: G000 C 6 4 X

Employer Address: PO Box 6

Employer Phone Number: (573) 325-4255

Section 2 - Claimant Statement (completed by employee/member)

Claimant/Patient Name: First/Last

Claimant/Patient Date of Birth: Mo./Day/Yr.

Sex: M/F

Relationship to Employee: Self/Dependent/Spouse/Domestic Partners

Employee Name: First/Last

Social Security Number

Employee Date of Birth: Mo./Day/Yr.

Sex: M/F

Address | City | State | ZIP Code

Phone | Email

Section 3 - Claimant Information

WHICH POLICY IS THIS BENEFIT BEING REQUESTED FOR? CHECK ALL THAT APPLY: ❑ Accident ❑ Critical Illness ❑ Both ❑ Unsure

Section 4 - Health Screening Test/Procedure Information

PLEASE CHECK THE HEALTH SCREENING TEST/PROCEDURE FOR WHICH THIS CLAIM IS BEING FILED:
****Please note this benefit is payable once per calendar year for each Insured Person****

❑ Abdominal aortic aneurysm ultrasound	❑ CA 125 (blood test for ovarian cancer)	❑ EKG (electrocardiogram)	❑ Pap smear
❑ Blood test for triglycerides	❑ Carotid ultrasound	❑ Double contrast barium enema	❑ PSA (blood test for prostate cancer)
❑ Bone marrow testing	❑ CEA (blood test for colon cancer)	❑ Fasting blood glucose test	❑ Serum cholesterol test (HDL & LDL)
❑ Bone density screening	❑ Chest X-ray	❑ Flexible sigmoidoscopy	❑ SPEP (blood test for myeloma)
❑ Breast ultrasound	❑ Colonoscopy	❑ Hemoccult stool analysis	❑ Stress test (on a bicycle or treadmill)
❑ CA 15-3 (blood test for breast cancer)	❑ CT angiography	❑ Mammography	❑ Thermography

DATE THE TEST/PROCEDURE WAS PERFORMED (MM/DD/YYYY) | PHYSICIAN NAME | PHYSICIAN PHONE NUMBER

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Note: This fraud warning does not apply to residents of AL, AR, CA, CO, DC, FL, KS, KY, LA, MA, MD, ME, NJ, NM, NY, OH, OR, PR, RI, TN, VA, VT and WA. Please read the specific fraud warning for your state of residence included with this form or available online at www.mutualofomaha.com.)

By signing below, I certify that I have read and understand the fraud warning that applies to my state of residence, and that all information provided on this form is true and complete to the best of my knowledge and belief.

Section 5 - Acknowledgement & Signature

SIGNATURE OF CLAIMANT | DATE

SIGNATURE OF PATIENT, IF AGE 18 OR OLDER (AND NOT THE CLAIMANT) | DATE
❑ Check if Patient is deceased or incapable of signing