

## GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE CERTIFICATE SUMMARY



**Read Your Certificate Carefully.** This outline of coverage provides a very brief description of the important features of this insurance. This outline of coverage is not the insurance contract and only the actual policy provisions will control. The policy and certificate set forth in detail the rights and obligations of you, the policyholder and the insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Specified disease insurance (also known as critical illness insurance) is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**THE POLICY PROVIDES LIMITED BENEFITS.** This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare*, available from Mutual of Omaha or online at [www.medicare.gov](http://www.medicare.gov).

**NOTICE:** Read this outline of coverage carefully. It may not be identical to the outline of coverage provided at the time you enrolled/applied for insurance, and the insurance you originally enrolled/applied for may not have been issued.

This outline of coverage describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this outline of coverage. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This outline of coverage was published on September 12, 2025.

### POLICY INFORMATION

Policyholder: Merkel Independent School District  
Policy Effective Date: September 1, 2025  
Policy Number: GUDE-CRFL  
Class(es): All Eligible Employees

### BENEFIT AMOUNT(S)

#### Insurance for You (The Employee)

You may elect to be insured for an amount of critical illness insurance from \$5,000 to \$40,000, in increments of \$5,000.

Your amount of critical illness insurance is also referred to as your Principal Sum.

Your Guarantee Issue Amount is \$40,000.

If you have questions regarding the amount of your critical illness insurance, you may contact the Policyholder.

#### Insurance for Your Spouse

Provided you have elected some amount of critical illness insurance, you may elect to have your Spouse insured for an amount of critical illness insurance from \$5,000 to \$40,000, in increments of \$5,000, provided the amount elected does not exceed 100% of your Principal Sum.

Any amount of critical illness insurance for your Spouse is the Spouse's Principal Sum.

The Guarantee Issue Amount for your Spouse is \$40,000.

#### Insurance for Your Dependent Children

Provided you have elected some amount of critical illness insurance, the amount of critical illness insurance for your Dependent children is 100% of your Principal Sum.

Any amount of critical illness insurance for your Dependent children will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. Any amount of critical illness insurance for a Dependent child is the Dependent child's Principal Sum.

If you have questions regarding the amount of critical illness insurance for your Dependents, you may contact the Policyholder.

**CRITICAL ILLNESS INSURANCE BENEFITS**

Critical Illness benefits are payable if an Insured Person is Diagnosed with a covered Critical Illness. We will pay the applicable Initial Benefit amount shown in the Critical Illness Benefits Table if the diagnosis occurs on or after the policy effective date and is a covered Critical Illness as defined in the Definitions section of the Certificate. Benefit payment is subject to the definitions, limitations, exclusions, and other provisions of the Policy.

**Policy Benefit Maximum**

For each Insured Person, the total amount of Critical Illness benefits payable under the Policy and any Prior Plan, if applicable, is limited to 1000% of the Insured Person's Principal Sum in effect.

The Policy Benefit Maximum does not apply to Skin Cancer and Additional Benefits.

**CRITICAL ILLNESS BENEFITS TABLE**

<b>Critical Illness Benefits</b>	<b>Initial Benefit</b>	<b>Reoccurrence Benefit</b>
<b>Autoimmune Disorders</b>		
Inflammatory Bowel Disease	25% of the Principal Sum	None
Systemic Lupus Erythematosus (SLE)	25% of the Principal Sum	None
<b>Cancer &amp; Benign Tumor Diagnoses</b>		
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of the Principal Sum	100% of the Initial Benefit amount
Bone Marrow/Stem Cell Recipient	100% of the Principal Sum	100% of the Initial Benefit amount
Cancer (Invasive)	100% of the Principal Sum	100% of the Initial Benefit amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of the Principal Sum	100% of the Initial Benefit amount
Skin Cancer	\$500	\$500, limited to 1 reoccurrence per Calendar Year and limited to a total of 5 reoccurrences while insured under the Policy
<b>Childhood Conditions</b> (These benefits are only available for children.)		
Cerebral Palsy (CP)	100% of the Principal Sum	None
Congenital Heart Diseases or Defects	100% of the Principal Sum	100% of the Initial Benefit amount
Congenital Metabolic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Genetic Disorders	100% of the Principal Sum	100% of the Initial Benefit amount
Sickle Cell Disease	100% of the Principal Sum	None
Structural Congenital Defects	100% of the Principal Sum	100% of the Initial Benefit amount
<b>Vascular &amp; Pulmonary Conditions</b>		
Acute Respiratory Distress Syndrome (ARDS)	25% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Major)	50% of the Principal Sum	100% of the Initial Benefit amount
Coronary Artery Disease (Minor)	25% of the Principal Sum	100% of the Initial Benefit amount
Heart Attack (Myocardial Infarction)	100% of the Principal Sum	100% of the Initial Benefit amount
Sudden Cardiac Arrest	100% of the Principal Sum	None
<b>Neurological Movement Disorders</b>		
Alzheimer's Disease	100% of the Principal Sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% of the Principal Sum	None
Dementia	100% of the Principal Sum	None
Multiple Sclerosis (MS)	100% of the Principal Sum	None
Parkinson's Disease	100% of the Principal Sum	None
<b>Neurological Brain &amp; Skull Conditions</b>		
Bone Flap/Skull Defect	100% of the Principal Sum	100% of the Initial Benefit amount
Stroke	100% of the Principal Sum	100% of the Initial Benefit amount

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	10% of the Principal Sum	100% of the Initial Benefit amount
<b>Organ Conditions</b>		
Major Organ Failure	100% of the Principal Sum	100% of the Initial Benefit amount
End Stage Renal Failure	100% of the Principal Sum	None
<b>Infectious Conditions</b>		
Coronaviruses (including Covid-19)	25% of the Principal Sum	100% of the Initial Benefit amount
Infectious Diseases	25% of the Principal Sum	100% of the Initial Benefit amount
<b>Functional Loss</b>		
Coma	100% of the Principal Sum	100% of the Initial Benefit amount
Severe Burn	100% of the Principal Sum	100% of the Initial Benefit amount
Loss of Hearing	100% of the Principal Sum	None
Loss of Sight in Both Eyes	100% of the Principal Sum	None
Loss of Speech	100% of the Principal Sum	None
Paralysis	100% of the Principal Sum	None

## ADDITIONAL BENEFITS TABLE

Additional Benefits	Benefit Amount
Health Screening Benefit	\$50

## EXCLUSIONS

We will not pay benefits for any Critical Illness or Additional Benefit that:

- was diagnosed prior to the Policy Effective Date;
- occurs in the course of any occupation or employment for an Insured Person with any employer for wage or profit, or for which the Insured Person is entitled to benefits under any workers' compensation or occupational disease law or receives any settlement from a workers' compensation carrier;
- result from elective or cosmetic surgery or procedures or resulting complications. Reconstructive surgery related to a Critical Illness is eligible for coverage;
- result from an intentionally self-inflicted Injury or Sickness, or attempted suicide;
- result from an Insured Person's:
  - voluntary use of illegal drugs;
  - intentional taking of over the counter medication not in accordance with recommended dosage and warning instruction;
  - intentional misuse of prescription drugs; or
  - excessive or harmful use of alcohol and/or alcoholic drinks;
- result from an Insured Person's intentional or voluntary use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption, including self-infliction of carbon monoxide poisoning emanating from a motor vehicle;
- result from an Insured Person's Participation in a Riot, commission of a felony, participation in illegal activities or participation in an illegal occupation;
- occur while an Insured Person is incarcerated or imprisoned;
- result from an act of declared or undeclared war or armed aggression;
- occur while an Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- any Critical Illness or Additional Benefit not included in the Certificate; or
- a Critical Illness that is Diagnosed by you or a member of your Family.

## ELIGIBILITY

You must be performing the normal duties of your regular job for the Policyholder on a regular and continuous basis 20 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

## **WHEN INSURANCE BEGINS**

You become insured on the first day of the month that follows the day you become eligible, subject to certain conditions (as described in the Eligibility section in the Certificate).

An eligible Dependent will become insured on the latest of the day you become insured, you acquire the eligible Dependent, or you submit a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Eligibility section in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

## **WHEN INSURANCE ENDS**

Insurance for an Insured Person will end on the last day of the month in which an Insured Person no longer satisfies the applicable eligibility conditions of the Policy. Additional circumstances under which insurance will end are described in the Certificate.

## **FEATURES**

### **Continuation of Insurance for Layoff, Leave or Furlough**

You may be able to continue insurance for you and your Dependents from the day you cease to be Actively Working, subject to certain conditions.

### **Continuation of Insurance for Your Dependents in the Event of Your Death**

Your Dependents may be able to continue insurance due to your death, subject to certain conditions.

### **Portability**

In the event your insurance under the Policy ends, you have the right to continue insurance for you and your Dependents, subject to certain conditions.

## **PREMIUMS**

The premium for insurance under the Policy is a monthly rate that applies to you and your Dependents.

You are responsible for the payment of premium for insurance under the Policy. The premium owed by you equals the total premium for all Insured Persons.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to us, as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Payment of premium does not guarantee eligibility for insurance. Contact the Policyholder or your benefits administrator for additional information about the current premium rate structure for the Policy.

### **Premium Changes**

Premium amounts will change if:

- a) you reach the age of the next higher age band in the premium rate structure for the Policy; or
- b) premium rates under the Policy change.

If there is a change in the amount of the premium for insurance for any Insured Person, the Policyholder will provide you with notice of the change at least 60 days prior to the date of the change if you are responsible for the payment of premium for insurance.

**THIS OUTLINE IS JUST A SUMMARY OF YOUR COVERAGE.  
PLEASE REFER TO YOUR CERTIFICATE FOR ALL CRITICAL ILLNESS COVERAGE PROVISIONS.**