

> Voluntary Accident Insurance



If you broke a leg, would it break your bank account too?

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from United of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of AeroVironment, Inc., you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

Coverage guidelines and benefits are outlined below.



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

Two accident plans are available to you, **Buy Up** and **Base**. You have the flexibility to enroll for the plan that best meets your (and your family's) supplemental insurance needs.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES ELECTING THE BASE OR BUY UP PLAN			
Eligibility Requirement	You must be actively working a minimum coverage.	of 30 hours per week to be eligible for	
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.		
Premium Payment	The premiums for this insurance are paid in full by you.		
PLAN INFORMATION	Buy Up	Base	
Coverage Type	24-hour (On and off-job)	24-hour (On and off-job)	
Express Benefit	\$175	\$75	
Portability	Included	Included	

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BENEFITS	Buy Up	Base	
		2 hours of accident; Once per accident per	
insured person			
Emergency Room	\$300	\$150	
Urgent Care Center	\$175	\$100	
Initial Physician Office Visit	\$175	\$75	
Ambulance	Up to \$2,000	Up to \$1,000	
Specified Injuries ^{1,2}		Τορ το φτιμούο	
Fractures (Surgical / Non-	Up to \$6,000 / Up to \$3,000	Up to \$5,000 / Up to \$2,500	
surgical)		σριο το,ουσι σριο τ <u>-</u> ,ουσ	
Dislocations (Surgical / Non-	Up to \$9,000 / Up to \$4,500	Up to \$6,000 / Up to \$3,000	
surgical)		-	
Lacerations	Up to \$800	Up to \$600	
Burns	Up to \$15,000	Up to \$10,000	
Dental	Up to \$300	Up to \$200	
Hospital, Surgical & Diagnostic ¹	· ·	1 2 4 2 2	
Admission	\$2,000	\$1,000	
Daily Confinement (Up to 365	\$400 per day	\$200 per day	
days per accident)			
ICU Confinement (Up to 15	\$800 per day	\$400 per day	
days per accident)			
Rehab. Facility Confinement	\$200 per day	\$100 per day	
(Up to 30 days per accident)		, ,	
Surgical	Up to \$2,500	Up to \$1,500	
Diagnostic	Up to \$400	Up to \$200	
Follow-Up Care ¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per			
insured person			
Physician Follow-Up Office	\$100; Up to 6 per accident	\$50; Up to 6 per accident	
Visit			
Therapy Services	\$50; Up to 6 per accident	\$25; Up to 6 per accident	
Medical Device	\$200	\$50	
Prosthetic Device(s)	\$1,000; Up to 2 per accident	\$500; Up to 2 per accident	
Additional Benefits ¹ – Benefits are payable within 365 days of accident; Health screening benefit is payable once per			
calendar year			
Transportation (Up to 3 trips	\$300 per trip	\$150 per trip	
per accident)			
Lodging (Up to 30 nights per	\$125 per night	\$100 per night	
accident)		000	
Childcare (Up to 30 days per	\$20 per day	\$20 per day	
accident)	0405	050	
Health Screening	\$125	\$50	
Catastrophic Benefits ^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person			
Principal Sum (PS)	You: \$70,000 Spause: \$25,000	You: \$50,000 Spayed: \$35,000	
	Spouse: \$35,000	Spouse: \$25,000	
Common Carrier Accidental	Child(ren): \$10,000 300% of PS	Child(ren): \$10,000 300% of PS	
Death	300% 01 P3	300% 01 P3	
Transportation of Remains	Up to \$5,000	Up to \$5,000	
Dismemberment & Paralysis	Up to \$5,000 Up to 100% of PS	Up to 100% of PS	
Reasonable Modifications	Up to 10% of PS	Up to 100% of PS	
Coma	25% of PS	25% of PS	
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SERVICES	The Hearing Discount	side a very and very family disc.	
Hearing Discount Program	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.		
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¹Additional limitations apply as described in the certificate.

²Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin with 365 days of accident and ICU confinement within 365 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 180 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a

>Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26
- · You and your dependent(s) must have major medical insurance, or basic hospital and basic medical insurance

Can I insure my domestic partner or civil union partner?

Any reference to "spouse" includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the country, city or local government in your jurisdiction of residence.

What is the "Express Benefit"?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.

