



# Community Clinic

## Employee Benefits Guide

January 1, 2026 – December 31, 2026

IMPORTANT INFORMATION ENCLOSED

# Table of Contents

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Contact Information	3
Eligibility	4-5
Medical Overview	6-8
Virtual Health-MDLive	9-10
Dental Overview	11
Vision Overview	12
Basic & Voluntary Life and AD&D	13
Short-Term Disability (Voluntary)	14
Voluntary Benefits	15
Employee Assistance Program	16-17

This Benefit Guide summarizes Community Clinic benefits program. Complete descriptions of each benefit are available in the actual plan documents. Every effort has been made to ensure this summary accurately describes these benefits. However, if there is a conflict between this information and the plan documents, the plan documents will govern. In addition, participation in the benefits program does not constitute a right to continued employment with the company. Nothing in this guide should be construed as a contract or offer to contract for employment for any specific time or under any particular terms and conditions. While it is the company's intent to continue these programs, we reserve the right to amend or terminate them at any time.

# Contact Information

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**Office Hours:** Monday through Friday, 8:00 am to 5:00 pm CST

Benefit	Carrier	Phone #	Web
Medical	AR BCBS Group #029781	800-238-8379	<a href="http://www.arkansasbluecross.com">www.arkansasbluecross.com</a>
Virtual Health	MDLive		<a href="http://MyVirtualHealth.com">MyVirtualHealth.com</a>
Dental	Delta Dental of AR Group #4003	800-462-5410	<a href="http://www.deltadentalar.com">www.deltadentalar.com</a>
Vision	EyeMed Group #9814328	866-939-3633	<a href="https://eyemed.com/en-us">https://eyemed.com/en-us</a>
Life	Mutual of Omaha Group #G000C78X	888-493-6902	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Disability	Mutual of Omaha Group #G000C78X	800-775-1000	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Benefits	Mutual of Omaha Group #G000C78X	800-788-5093	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
EAP	Mutual of Omaha Group #G000C78X	800-316-2796	<a href="https://www.mutualofomaha.com/eap/">https://www.mutualofomaha.com/eap/</a>



# What You Need to Know

## Eligibility

Full-time employees are eligible to enroll themselves and their qualified dependents in applicable employee benefits. Employees must work at least 30 hours per week to enroll in health insurance.

**Please note that you must be actively at work on the policy effective date for coverage to begin.**

Review this employee benefits booklet thoroughly. It will describe the many benefits available to Community Clinic employees and their dependents.

## Enrollment Instructions

- 1) **Review your benefits-** Read this guide thoroughly. It will describe all the plan options for this plan year.
- 2) **Getting ready to enroll-** Items you will need:
  - Social Security numbers and birth dates for yourself and your eligible family members.
  - Information about other benefit coverage or insurance you or a family member may have.
  - Beneficiary designation information, so you can properly identify your beneficiaries for your various policies.
  - Your estimated out-of-pocket healthcare expenses to help you decide which benefit plans are best for you.
- 3) **Follow Up-** Be sure to check your first paystub to confirm that your payroll deductions are correct.



# Qualifying Events

## Qualified Life Events

Benefits are elected on an annual basis and can only be changed during Open Enrollment. However, certain life events qualify you for changes to your benefits during the year. All benefit changes require two conditions to be met before they can be approved. All changes must be requested, and appropriate documentation must be provided within 30 days of the event. If both conditions are not met within the 30 days, the life event will not be approved and the next opportunity to make changes will be at Open Enrollment.

The following are events that qualify you to make changes:

- You gain or lose a dependent (birth, marriage, divorce, death, adoption, etc.)
- Your dependent loses coverage due to employment change
- Your dependent becomes eligible for other coverage
- You become ineligible for benefits because you don't work the required number of hours
- You become eligible for benefits because your employment status changes

To make a benefit election, you must notify Community Clinic within 30 days from the work/family qualifying event, with appropriate documentation of event.

LIFE EVENT	CHANGES ALLOWED	ACCEPTED DOCUMENTATION
Birth	Add New Child (allowed 90 days)	Birth Certificate, Vanity Birth Certificate (feet print), crib card, hospital discharge papers, letter from Doctor or midwife
Adoption	Add New Child	Final Adoption Papers or placement for adoption papers
Marriage / Domestic Partnership	Add Spouse	Marriage Certificate
Divorce, Annulment, Legal Separation, Disillusionment of Domestic Partnership	Drop Ex-Spouse and drop any child dependents	Divorce Decree
Death	Drop deceased dependent	Death Certificate or Letter from Officiate
Gain Coverage Elsewhere	Drop coverage for yourself and any dependents also gaining other coverage	Letter from new carrier or enrollment documentation for each person
Loss of Coverage Elsewhere	Add coverage under health plan for yourself and any dependents that have also lost coverage	Creditable Coverage Certificate, Letter from prior carrier or letter from Sponsor or prior plan (employer) for each person

Note: Under IRS guidelines, premiums for qualified benefits may be deducted from your check pre-tax. This does not affect the amount of your contribution.

# Medical Insurance

## Medical Plan Offerings

Community Clinic offers one medical plan option for employees and their families to choose from. The medical plan is administered by Arkansas Blue Cross.



To access the Arkansas Blue Cross portal, scan the QR Code or click the following link:

[www.arkansasbluecross.com](http://www.arkansasbluecross.com)

From here you can create an account to find network providers, view claims, and manage your account or download the app in the app store.

### TERMS TO KNOW

- **Deductible** - The amount you pay for covered services before the Plan will pay. Your deductible amount varies and is based on the Plan you enroll in.
- **Co-insurance** - Your share of the cost for covered services, calculated as a percentage of the total eligible expenses.
- **Out-of-Pocket (OOP) Maximum** - Protects you from major expenses with a maximum annual limit on the amount you pay for covered services. Your OOP max is calculated on your deductible and healthcare costs including co-insurance and co-payments, but not your employee contributions. Once you reach the OOP max, the Plan pays 100% of covered services for the remainder of the year.
- **(PPO) Preferred Provider Plan** - Employees and their dependents can see any physician/specialist in the PPO network. The selection of a Primary Care Physician (PCP) is NOT required. Referrals to specialists are NOT required. A prescription benefit is included. Out-of-network benefits are available at lower benefit levels. A deductible and co-insurance may be applicable.

# Medical Insurance

Arkansas Blue Cross BC 1000-80_E_2 Copay		
Benefits	PPO Network	Non-Network <sup>1</sup>
Annual Deductible	\$1,000 Individual \$2,000 Family <sup>2</sup>	\$3,000 Individual \$6,000 Family <sup>2</sup>
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$3,000 Individual \$6,000 Family <sup>2</sup>	\$6,000 Individual \$12,000 Family <sup>2</sup>
Preventive Care	Plan pays 100%	Plan pays 80% AD
Physician Office Visit	\$30 Copay	Plan pays 60% AD
Specialist Office Visit	\$50 Copay	Plan pays 60% AD
Outpatient Surgery	Plan pays 80% AD	Plan pays 60% AD
Inpatient Hospitalization	Plan pays 80% AD	Plan pays 60% AD
Emergency Room	Plan pays 80% AD	
Urgent Care	\$50 Copay	Plan pays 60% AD
Lab	Plan pays 80% AD	Plan pays 60% AD
Advanced Imaging	Plan pays 80% AD	Plan pays 60% AD
Prescription Drugs		Not Covered
Retail 30 Day	\$10 / \$40 / \$60	
Mail Order 90 Day	\$20 / \$80 / \$120	
Specialty	\$120	

AD = After Deductible  
<sup>1</sup> You are responsible for any difference between the covered expense and the actual non-participating providers charge in addition to any applicable copayments, coinsurance and/or deductible.  
<sup>2</sup> PPO Network and Non-Network deductibles do not cross accumulate. Three members must satisfy family deductible.  
<sup>3</sup> Out of Network additional 50% charge applies.

	Medical Premiums <i>Semi-Monthly</i>
Employee Only	\$79.47
Employee + Spouse	\$344.63
Employee + Child(ren)	\$230.93
Employee + Family	\$533.95

The Blueprint Portal online member dashboard lets you access and/or manage your health plan from a smartphone, tablet or computer.



### Claims & Policy Info

- View individual real-time claims information and claims documents
- See who and what is covered
- Check your copay
- View your healthcare spending details
- Choose your primary care physician (PCP)



### Find Care & Costs

- Procedures (with cost estimates)
- Conditions
- Doctors, hospitals or facilities
- Pharmacies
- Durable medical equipment (DME)



### Your Personal Health Record

- Medications you've been prescribed
- A history of your outpatient and inpatient visit
- Your lab and radiology history
- Your immunization history
- A Personal Health Record summary you can save, print or share



### Member ID cards

- Access your digital ID card and email, fax or print it
- Request an ID card
- Speak to a customer service rep about an ID card issue

So the next time you're wondering ... how much a tonsillectomy will cost you ... or whether you've met your deductible ... just sign in or register for Blueprint Portal and take a look. The answers you need are all there at your fingertips.

## Registration is easy

- Go to [blueprintportal.com](http://blueprintportal.com)
- Select the **Member portal** tab then select the **Register**.
- Follow the instructions. All you need is your:
  - Member ID or the last four digits of your Social Security number
  - Name
  - Date of birth

If you're already a My Blueprint user, simply go to [blueprintportal.com](http://blueprintportal.com) then select Sign In. Enter your existing My Blueprint username and password and access your account.

On the go?



Download the Blueprint Portal app to access, share or fax your ID card while you are in your doctor's office. You can also access many more features through the app to manage your health plan.





blueprint

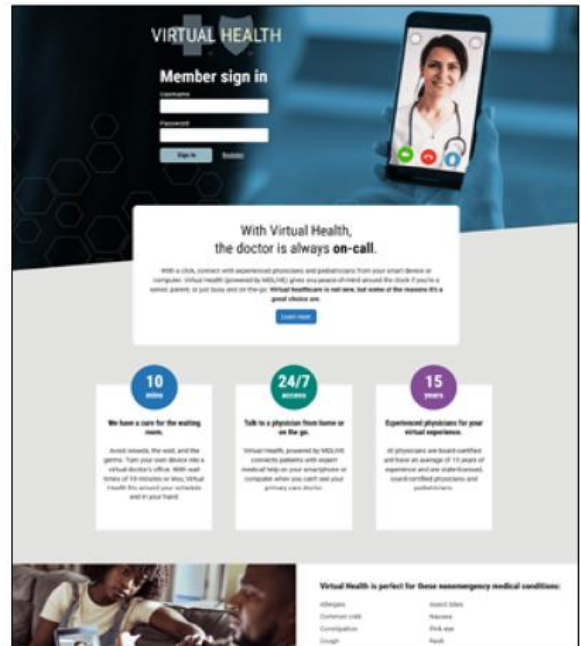
# Virtual Health

## Set up access to online medical help

You need healthcare 24/7 — not just when it's convenient. Virtual health (powered by MDLIVE) gives you access to medical help for nonemergency conditions on your smartphone or computer.

### Get started!

1. Go to [MyVirtualHealth.com](https://MyVirtualHealth.com)
2. Go to **Member sign in**
  - Sign in or register for your Blueprint Portal account.
3. **Activate your virtual health account**
  - In Blueprint Portal, select **Virtual Health** from the Health & Wellness tab, select **Visit MDLIVE** and follow the prompts to activate your account.  
(Note: You'll skip this step in the future and be sent directly to MDLIVE.)
  - Establish your account profile and those of your dependents if applicable. You will need member ID numbers to complete this step.
1. **Choose a doctor**
  - Choose from a large network of state-licensed, board-certified doctors (including pediatricians).




**Arkansas BlueCross BlueShield**  
 An Independent Licensee of the Blue Cross and Blue Shield Association

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## 5. Start your virtual health visit

You may be required to have your first call be a video call (like FaceTime or Skype).

- Choose to see the next available physician (usually within 10 minutes) or schedule an appointment at a specific time, with a specific physician.
- You will need to provide some details about your past history and medical problem(s):

Reason(s) for visit

Medicines you currently take

Payment information



### What can be treated

- Allergies
- Common cold
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems
- Vomiting
- More

**We recommend setting up your account now.** That way, when you need to speak with a doctor you can just sign in and get the help you need. The details of your call are confidential and secure. For emergencies (like broken bones, excessive bleeding, dangerously high fever, symptoms of heart attack or stroke, etc.) get to the nearest emergency room. But for many common conditions, Virtual Health is your healthcare solution. Anytime, anywhere.

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MDLIVE is a separate company that provides telehealth services for members of Arkansas Blue Cross and Blue Shield.

Virtual Health currently is available to all fully insured health plans but not available to all health plans. Members with an active medical plan whose coverage includes Virtual Health should be able to successfully register via the link within Blueprint Portal. Your benefit summary will indicate if Virtual Health is available to you. Notably, it is not available to members who have limited duration plans, Medicare Prescription Drug and Medicare Supplement plans, plans covering employees of FEP, Arkansas State and Public Schools or Baptist Health.



# Dental Insurance

Community Clinic offers a dental plan through DeltaDental of AR. The plan design is such that employees can use any dentist; however, greater benefits are recognized when services are received from preferred providers in the network.

To find a network provider, click the link below or scan the QR Code.

[www.deltadentalar.com](http://www.deltadentalar.com)



Benefits	DeltaDental PPO plus Premier	
	In-Network	Out of Network
<b>Annual Deductible</b> Deductible is waived for Preventive Services	\$50 In-Network / \$50 Out-of-Network 3 per family (\$150) In-Network / 3 per family (\$150) Out-of-Network	
<b>Annual Plan Maximum</b>	\$1,500 per individual	\$1,500 per individual
<b>Type I: Preventive Services</b>		
<b>Routine Exam</b>	Plan pays 100%	Plan pays 90%
<b>Teeth Cleaning</b>	Plan pays 100%	Plan pays 90%
<b>Panoramic X-rays</b>	Plan pays 100%	Plan pays 90%
<b>Type II: Basic Services</b>		
<b>Simple Extraction</b>	Plan pays 80% AD	Plan pays 72%
<b>Restorative (Fillings)</b>	Plan pays 80% AD	Plan pays 72%
<b>Type III: Major Services</b>		
<b>Implant</b>	Plan pays 50% AD	Plan pays 45%
<b>Crown</b>	Plan pays 50% AD	Plan pays 45%
<b>Root Canal Endodontic</b>	Plan pays 50% AD	Plan pays 45%
<b>Periodontal Scaling</b>	Plan pays 50% AD	Plan pays 45%
<b>Carry Over Benefits</b>		
<b>Carry-over Benefit (In-Network)</b>	\$375	
<b>Claims Threshold</b>	\$749	
<b>Carry-over Benefit Maximum</b>	\$1,500	

	Dental Rates <i>Semi-Monthly</i>
<b>Employee Only</b>	\$20.12
<b>Employee + Spouse</b>	\$38.62
<b>Employee + Child(ren)</b>	\$33.21
<b>Employee + Family</b>	\$53.53

# Vision Insurance

The Vision Insurance Plan offered through EyeMed Vision is a PPO plan that provides network and non-network benefits for eye exams, lenses, frames, and contact lenses. The plan charges co-pays and members pay extra for upgraded materials. Greater benefits are recognized when services are received from preferred providers. Please refer to the Summary Plan Descriptions and/or Certificates of Coverage for additional information.

To find a network provider, click the link below or scan the QR Code.  
[www.eyemed.com](http://www.eyemed.com)



Benefits	EyeMed	
	In-Network	Out-of-Network
<b>Eye Exams</b>	\$10 copay	Reimbursed up to \$30
<b>Eyeglass Lenses and Frames</b>		
<b>Single Standard Lenses</b>	\$20 copay	Reimbursed up to \$25
<b>Bifocal Standard Lenses</b>	\$20 copay	Reimbursed up to \$40
<b>Trifocal Standard Lenses</b>	\$20 copay	Reimbursed up to \$60
<b>Frames</b>	\$120 allowance	Reimbursed up to \$60
<b>Contact Lenses</b>		
<b>Disposable Lenses</b>	\$120 allowance	Reimbursed up to \$96
<b>Conventional Lenses</b>	\$120 allowance	Reimbursed up to \$96
<b>Medically Necessary Lenses</b>	Paid in Full	Reimbursed up to \$200
<b>Frequency</b>		
<b>Eye Exam</b>	Once every 12 months	
<b>Lenses—Eyeglass or Contact</b>	Once every 12 months	
<b>Frames</b>	Once every 24 months	

	Vision Rates <i>Semi-Monthly</i>
<b>Employee Only</b>	\$3.20
<b>Employee + Spouse</b>	\$6.07
<b>Employee + Child(ren)</b>	\$6.39
<b>Employee + Family</b>	\$9.39

# Life Insurance & Accidental Death & Dismemberment

## Group Life and AD&D Insurance

Group Life and AD&D Insurance is arranged through **Mutual of Omaha**. All eligible employees receive a life and accidental death & dismemberment (AD&D) insurance benefit of \$15,000. **Community Clinic provides this benefit to you at no cost to you.** Important Reminder: Group Life and AD&D Insurance benefits reduce by 35% at age 65 and 50% at age 70.

## Voluntary Life Insurance & Accidental Death & Dismemberment

Voluntary Life Insurance is arranged through **Mutual of Omaha**. You have the option of purchasing additional Life Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on your insurance age and amount of coverage you select. Age-related cost adjustments will occur on the policy anniversary date. You must elect coverage for yourself to cover your spouse/children. Spouse premium is based on employee's age.

When initially eligible, you are guaranteed the insurance amounts below without submitting any evidence of insurability (EOI) or proof of good health as long as you enroll within 31 days of your initial eligibility date. Any life insurance coverage over the Guarantee Issue Amount(s) will be subject to evidence of insurability. It is your responsibility to complete and submit the required EOI forms, to obtain the amount in excess of the guarantee issue amount, within 31 days of the date you apply for coverage. If you choose not to participate at the time you are initially eligible and elect to enroll at a later time, you may be required to submit evidence of insurability for all amounts of coverage.

Coverage	Voluntary Life Insurance and AD&D (Employee Paid)	Guarantee Issue	Annual Increase up to GI
<b>Employee</b>	Increments of \$10,000 up to a maximum of 7X earnings or \$500,000	\$150,000	\$50,000
<b>Spouse</b>	Increments of \$5,000 up to a maximum of \$250,000. Spouse coverage terminates at age 70.	\$30,000	\$0
<b>Child(ren)</b>	Maximum of \$10,000. Dependent children are eligible from age 14 days to 23 years, or to age 25 if full-time student.	\$10,000	\$10,000

**Important Reminders:** Voluntary Life and AD&D Insurance benefits reduce by 35% at age 65 and 50% at age 70. You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment.

### Semi-Monthly Voluntary Life and AD&D Rates per \$1,000

Benefit Volume	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$20000	\$0.63	\$0.93	\$1.22	\$1.97	\$3.16	\$5.08	\$8.60	\$12.32	\$19.88	\$37.80
\$40000	\$1.26	\$1.86	\$2.44	\$3.94	\$6.32	\$10.16	\$17.20	\$24.64	\$39.76	\$75.60
\$60000	\$1.89	\$2.79	\$3.66	\$5.91	\$9.48	\$15.24	\$25.80	\$36.96	\$59.64	\$113.40
\$80000	\$2.52	\$3.72	\$4.88	\$7.88	\$12.64	\$20.32	\$34.40	\$49.28	\$79.52	\$151.20
\$100000	\$0.32	\$4.65	\$6.10	\$9.85	\$15.80	\$25.40	\$43.00	\$61.60	\$99.40	\$189.00

Child 0.63

# Short Term Disability Insurance

## Short-Term Disability Insurance (Voluntary)

**Mutual of Omaha** provides a Short-Term Disability policy as a voluntary benefit. Coverage provides benefits to replace a portion of your lost income if you have an illness or injury and are unable to work. Short-Term (Weekly) Income Benefits help provide you and your family with financial support when an illness or injury prevents you from working for a period of time.



To access the benefit, click the link below or follow the QR Code

[www.mutualofomaha.com](http://www.mutualofomaha.com)

Short-Term Disability (Weekly) Income Insurance Benefits	
<b>For You</b>	You can elect to replace 60% of your eligible income during disability following a waiting period
<b>Benefits</b>	Minimum Weekly Income Benefit = \$25 Maximum Weekly Income Benefit = \$2,500 Benefit Waiting Period for Disability Elimination Period due to Injury or Sickness = 14 days Maximum Benefit Period = 24 weeks

Monthly Rate Per \$10 Voluntary Short-Term Disability Coverage									
Age	<20	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.86	\$1.11	\$1.41	\$0.95	\$0.62	\$0.81	\$1.16	\$1.17	\$1.94

### Deduction Calculation:

$$\begin{array}{ccccccccc}
 \$ \underline{\hspace{2cm}} & \div & 52 = & \underline{\hspace{2cm}} & \times & 60\% \times & \underline{\hspace{2cm}} & \div & 10 = & \underline{\hspace{2cm}} & \div & 2 = & \underline{\hspace{2cm}} \\
 \text{Annual Salary} & & & \text{Weekly Salary} & & & \text{Age Rate} & & & \text{Monthly Ded} & & & \text{Payroll Ded}
 \end{array}$$

# Voluntary Benefits

To access the benefit, click the link below or follow the QR Code

[www.mutualofomaha.com](http://www.mutualofomaha.com)

Voluntary benefit plans are available through Mutual of Omaha. These plans are available to you, your spouse, and children.

- **Hospital Indemnity Insurance**—pays a cash benefit if you or your covered dependents are faced with a hospitalization.
- **Critical Illness Insurance**—pays a cash benefit if you or your covered dependents are diagnosed with a covered critical illness such as a heart attack, stroke, invasive cancer, or brain tumor. You may choose from two benefit levels when enrolling.
- **Accident Insurance**—pays a cash benefit if you or your covered dependents have a covered accident such as dismemberment, dislocation, or fracture. Benefits may also be payable if you have an accident-related hospital confinement, receive emergency room or ambulance services, or receive physical therapy and follow-up treatment.

**Accident and Critical Illness plans include a \$50 Wellness Benefit payable if you have a covered wellness screening; just complete a claim form to receive the benefit after a covered service.**

Some conditions, limitations, and exclusions will affect your eligibility to receive benefit payments from these voluntary plans. Please refer to the plan documents for details of coverage.

Semi-Monthly Rates Hospital Indemnity Insurance	
Employee	\$8.85
Employee + Spouse	\$19.47
Employee + Child(ren)	\$11.68
Family	\$23.36

Semi-Monthly Rates Accident Insurance	
Employee	\$3.89
Employee + Spouse	\$6.43
Employee + Child(ren)	\$8.53
Family	\$11.49

Semi-Monthly Rates Critical Illness Insurance							
	<30	30-39	40-49	50-59	60-69	70-79	80-99
<b>5000</b>	\$0.98	\$1.45	\$2.78	\$5.48	\$11.45	\$22.50	\$35.55
<b>10000</b>	\$1.95	\$2.90	\$5.55	\$10.95	\$22.90	\$45.00	\$71.10
<b>20000</b>	\$3.90	\$5.80	\$11.10	\$21.90	\$45.80	\$90.00	\$142.20
<b>30000</b>	\$5.85	\$8.70	\$16.65	\$32.85	\$68.70	\$135.00	\$213.30
<b>40000</b>	\$7.80	\$11.60	\$22.20	\$43.80	\$91.60	\$180.00	\$284.40
<b>50000</b>	\$9.75	\$14.50	\$27.75	\$54.75	\$114.50	\$225.00	\$355.50



# Mutual of Omaha Employee Assistance Program

43315417

Employee Assistance Program

Available Services  
When You Need  
Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

[mutualofomaha.com/eap](http://mutualofomaha.com/eap)  
or call us: 1-800-316-2796

## Basic EAP Services

Features	Value to Company and Employees
<b>Employee Family Clinical Services</b>	<ul style="list-style-type: none"> <li>An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments</li> <li>Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters</li> <li>Access to subject matter experts in the field of EAP service delivery</li> </ul>
<b>Counseling Options</b>	<ul style="list-style-type: none"> <li>Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources                             <ul style="list-style-type: none"> <li>Additional community resources or possible counseling options come at the expense of the employee</li> </ul> </li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>1-800 hotline with direct access to a Master's level EAP professional</li> <li>24/7/365 services available</li> <li>Telephone support available in more than 120 languages</li> <li>Online submission form available for EAP service requests</li> </ul>

Continued on back.



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# Mutual of Omaha Employee Assistance Program, cont.

## Basic EAP Services (continued)

Features	Value to Company and Employees
<b>Online Services</b>	<ul style="list-style-type: none"> <li>▪ An inclusive website with resources and links for additional assistance, including:               <ul style="list-style-type: none"> <li>▪ Current events and resources</li> <li>▪ Family and relationships</li> <li>▪ Emotional well-being</li> <li>▪ Financial wellness</li> <li>▪ Substance abuse and addiction</li> <li>▪ Legal assistance</li> <li>▪ Physical well-being</li> <li>▪ Work and career</li> </ul> </li> <li>▪ Bilingual article library</li> </ul>
<b>Employee Family Legal Services</b>	<ul style="list-style-type: none"> <li>▪ Valuable resources available via website               <ul style="list-style-type: none"> <li>▪ Legal libraries &amp; tools</li> <li>▪ Legal forms</li> </ul> </li> <li>▪ 1 Legal consultation with an attorney per year (up to 30 minutes)               <ul style="list-style-type: none"> <li>▪ 25% discount for ongoing legal services for same issue</li> </ul> </li> </ul>
<b>Employee Family Work/Life Services</b>	<ul style="list-style-type: none"> <li>▪ Child care resources and referrals</li> <li>▪ Elder care resources and referrals</li> </ul>
<b>Employee Family Financial Services</b>	<ul style="list-style-type: none"> <li>▪ Inclusive financial platform powered by Enrich</li> <li>▪ Personal financial assessment tool</li> <li>▪ Personalized courses, articles &amp; resource to meet financial needs</li> <li>▪ Ongoing progress reports on financial health</li> </ul>
<b>Employee Communication</b>	<ul style="list-style-type: none"> <li>▪ All materials available in English and Spanish</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee</li> </ul>
<b>Coordination with Health Plan(s)</b>	<ul style="list-style-type: none"> <li>▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible</li> </ul>

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