

**Personnel Committee Meeting
Tuesday, May 16, 2023 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333**

1. Open Meeting

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

3.A. Consider a recommendation to the City Council on Ordinance No. 2172 Amending the Crete Municipal Code pertaining to Appointed and Hired Officials.

3.B. Consider a recommendation to the City Council to allow Mutual of Omaha Accident and Critical Illness elective coverage for employees.

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.

CITY OF CRETE NEBRASKA

ORDINANCE NO. 2172

AN ORDINANCE OF THE CITY OF CRETE, NEBRASKA TO AMEND THE TITLE OF CHAPTER 1, ARTICLE 3, TO AMEND SECTIONS 1-301, 2-501, 3-701, 3-702, 3-703, 3-704, AND 3-705, TO ADD NEW SECTION 1-329, AND TO REPEAL SECTIONS 1-319, 1-320, 1-321, 1-323, 1-324, 1-327, 1-328, 3-706, AND 3-707, OF THE CRETE MUNICIPAL CODE, PERTAINING TO APPOINTED AND HIRED OFFICIALS, APPOINTMENT OF MEMBERS TO THE BOARD OF HEALTH, AND OPERATION OF THE PARKS AND RECREATION DEPARTMENT.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA:

Section 1. That the title of Chapter 1, Article 3 of the Crete Municipal Code be amended to read as follows:

ARTICLE 3 APPOINTED AND HIRED OFFICIALS

Section 2. That Section 1-301 of the Crete Municipal Code be amended to read as follows:

1-301 Appointed Officials; Enumerated

The Mayor may, with the approval of a majority of the City Council, have such departments and appoint such officials as may be established by ordinance, which shall include a City Administrator, City Clerk, City Treasurer, City Engineer, City Attorney, ~~Police Chief~~, Fire Chief, and such other officials as may otherwise be required by law. All appointed officials may be removed at any time by the Mayor with the approval of a majority of the City Council.

Section 3. That Section 2-501 of the Crete Municipal Code be amended to read as follows:

2-501 Board of Health

(1) There is hereby established a Board of Health, which shall consist of five members: the Mayor, who shall serve as chairperson; the Police Chief, who shall serve as secretary and quarantine officer; a physician, who shall serve as the medical advisor; the President of the City Council; and one other member. **The City Council, with approval of the Mayor, shall appoint such non-delegated board members.** The members of the Board shall serve, without compensation, a one year term of office, unless reappointed. Such terms shall begin the second city council meeting in December of each year. No member of the Board shall hold more than one position on the Board of Health.

(2) The Board of Health shall be funded as needed out of the General Fund. It shall be the duty of the Board to enact rules and regulations, which shall have the full force and effect of law, to safeguard the health of the residents of the City. The Board shall have

the power and authority to enforce said rules and regulations and to provide fines and punishments for any violations thereof.

(3) The Board shall meet upon the call of the chairperson. A majority of the Board shall constitute a quorum for the purpose of doing business. The secretary shall keep full and correct minutes and records of all meetings and file the same with the City Clerk where they shall be available for public inspection at any reasonable time. All members of the Board shall be responsible for making such reports and performing such other duties as the City Council may designate.

Section 4. That Section 3-701 of the Crete Municipal Code be amended and restated in its entirety as follows:

3-701 Parks And Recreation Department; Operation And Funding; Rules And Regulations

(1) The Municipality owns and operates the Municipal Parks and other recreational areas throughout the City. The City Administrator shall be responsible for the direct management and administration of the Parks and its contractors, employees, and property and may delegate some or all of the authority set forth in this article to the Parks and Recreation Director or other city employee. If delegated management and administration authority, the Parks and Recreation Director may develop and propose rules and regulations for the proper and efficient management of the Parks and Recreation Department.

(2) The Governing Body, for the purpose of defraying the cost of the care, management, and maintenance of the municipal parks, may each year levy a tax not exceeding the maximum limit prescribed by state law on the actual valuation of all real estate and personal property within the corporate limits that is subject to taxation. The revenue from the said tax shall be known as the Park Fund and shall remain in the custody of the Municipal Treasurer.

(3) The City Administrator shall have the authority to adopt and promulgate rules and regulations, not inconsistent with law, for the operation and use of parks and park facilities, the governance of the parks and recreation department, the conduct of its contractors and employees, the distribution and performance of its business and services, and the custody, use, and preservation of its records, papers, books, documents, and property.

Section 5. That Section 3-702 of the Crete Municipal Code be amended to read as follows:

3-702 Parks And Recreation Department; Camping; Permitted Areas; Duration

(1) Camping is defined as the temporary lodging out-of-doors for recreational purposes and presupposes occupancy of a shelter designed for such purpose, such as a sleeping bag, tent, trailer, or other recreational vehicle.

(2) Camping and the use of trailers or other camping units is permitted only at designated camping areas. Within those designated areas, the pitching of tents or parking of trailers or other camping units is permitted only at designated sites.

(3) Any person desiring to use a designated camping area for camping purposes shall pay the fee set forth in the City's [Master Fee Schedule](#), which fee shall be paid in advance to the Parks and Recreation Office during regular office hours ~~or to the Police Department after regular office hours~~. An appropriate receipt will be issued that must be displayed on the left front window of the vehicle of the person so camping. No camping shall be allowed in the City outside the designated camping areas.

(4) No camping shall be allowed for more than seven consecutive days during a thirty day period without the express, written permission of the City Administrator or a designee of the City Administrator ~~Director of Parks and Recreation~~.

Section 6. That Section 3-703 of the Crete Municipal Code be amended to read as follows:

3-703 Parks And Recreation Department; General Rules; Unlawful And Prohibited Acts

(1) The rules and regulations governing the use of the municipal parks and recreational facilities, as prescribed and adopted by the City Recreational Director, shall be on file with the Municipal Clerk or published in pamphlet form and available for public inspection at any reasonable time. In addition, the following general rules shall apply:

(a) It shall be unlawful for any person to maliciously or willfully cut down, injure, or destroy any tree, plant, or shrub.

(b) It shall be unlawful for any person to injure or destroy any sodded or planted area or injure or destroy any building, structure, equipment, fence, bench, table, or any other property of the municipal parks and recreational areas.

(c) No person shall commit any waste on or litter the municipal parks or other public grounds.

(d) All pets, such as dogs, cats, or other domestic animals, are prohibited unless they are crated, caged, on a leash, or otherwise under physical control of the owner at all times. Horseback riding and the use of pack animals are permitted only on roadways and on designated areas.

(e) The vending, including mobile vendors, of various goods, services, products, and commodities is permitted on park lands with the prior written authorization of the Recreational Director. Such vending without authorization is prohibited. Said vendors are prima facie responsible for the maintenance and restoration of any park facility used by them, to specifically include the proper disposal of paper trash and waste in and around the area of such vending operation.

(f) All motor vehicles shall be operated in accordance with all provisions of Chapter 5 of the Crete Municipal Code and the laws of the State of Nebraska, The speed limits shall be fifteen miles per hour in all areas of the park, except the entrance road leading from 13th Street to the bridge crossing the Big Blue River within said park, which speed limit shall be twenty-five miles per hour.

(g) No motor vehicle shall be parked or driven other than on designated areas, roadways, designated camping areas, or parking areas. This shall include motorcycles, trail bikes, snowmobiles, and all motor vehicles.

~~(2) The use and leasing of cabins on municipal property shall be in accordance with the rules adopted therefore by the Governing Body.~~

Section 7. That Section 3-704 of the Crete Municipal Code be amended to read as follows:

3-704 Parks And Recreation Department; Swimming Pool; Operation And Funding; Rules And Regulations

(1) The Municipality owns and manages the municipal swimming pool. The City Administrator shall be responsible for the direct management and administration of the Municipal Swimming Pool and its contractors, employees, and property and may delegate some or all of the authority set forth in this article to the Parks and Recreation Director or other city employee. If delegated management and administration authority, the Parks and Recreation Director may develop and propose rules and regulations for the proper and efficient management of the Parks and Recreation Department. The Governing Body, for the purpose of defraying the cost of the management, maintenance, and improvements of the swimming pool, may each year levy a tax not exceeding the maximum limit prescribed by state law on the actual valuation of all real estate and personal property within the municipality that is subject to taxation. The revenue from the said tax shall be known as the Swimming Pool Fund and shall include all gifts, grants, deeds of conveyance, bequests, or other valuable income-producing personal property and real estate from any source for the purpose of endowing the swimming pool. The Swimming Pool Fund shall at all times be in the custody of the Municipal Treasurer.

~~(2) The City Administrator shall have the authority to adopt and promulgate rules and regulations, not inconsistent with law, for the operation and use of parks and park facilities, the governance of the parks and recreation department, the conduct of its contractors and employees, the distribution and performance of its business and services, and the custody, use, and preservation of its records, papers, books, documents, and property. The Recreational Director shall manage the swimming pool. The Director shall have the power and authority to hire and supervise the Swimming Pool Manager and such employees as he or she may deem necessary and shall pass such rules and regulations for the operation of the swimming pool as may be proper for its efficient operation. All actions by the Director shall be under the supervision and control of the Mayor.~~

Section 8. That Section 3-705 of the Crete Municipal Code be amended to read as follows:

3-705 Parks And Recreation Department; Swimming Pool; Admission Charge

~~The City Recreational Director may, for the purpose of defraying the expenses involved in maintaining, improving, managing, and beautifying the swimming pool, make a reasonable admission charge for the use by any person of the municipal swimming pool. The said charges shall be on file at the office of the Municipal Clerk, listed on the City's Master Fee Schedule, and shall also be posted in a conspicuous place at the municipal swimming pool for public inspection. Such rates may be structured for classes of persons in a reasonable manner; provided, that nothing herein shall be construed to permit or allow discrimination on the basis of race, creed, color, or national origin in the classification of persons for admission charges.~~

Section 9. That a new Section 1-329 of the Crete Municipal Code is hereby added to read as follow:

1-329 Hired Officials; Enumerated

~~The officials set forth below shall be hired officials which shall be selected for employment by the city as set forth in the personnel rules and regulations. All of the hired officials shall be subject to the personnel rules of the City of Crete as adopted by resolution. The personnel rules are supplemental to the Civil Service rules for the officials set forth in subparagraph (2). The officials listed in subparagraphs (1) and (2) shall be hired by the City Administrator with approval of the Mayor. The City Administrator shall have the authority to adopt and promulgate job specifications for hired officials, and all hired officials shall report to the City Administrator. The length of service of all officials listed below shall be indefinite. The discipline and/or removal of the officials listed in subparagraph (1) shall be governed by the City's personnel rules. The termination or suspension without pay of the officials listed in subparagraph (1) shall be entitled to a hearing before council. The discipline and/or removal of the officials listed in subparagraph (2) shall be governed by the City's personnel and Civil Service rules.~~

(1) The following shall constitute the general hired officials of the City of Crete:

- a. Special Engineer
- b. Public Works Director
- c. Parks and Recreation Director
- d. Economic Development Program Director
- e. Library Director
- f. Human Resources Director

(2) The following shall constitute the hired officials subject to the Civil Service rules of the City of Crete (Civil Service Officials):

- a. Police Chief

Section 10. That the following sections of the Crete Municipal Code are hereby repealed in their entirety:

1-319 Appointed Officials; Special Engineer;

1-320 Appointed Officials; City Physician;

1-321 Appointed Officials; Director of Public Works;

1-323 Appointed Officials; Parks and Recreation Director;

1-324 Appointed Officials; Chief of Police;

1-327 Appointed Officials; Economic Development Program Director;

3-706 Parks And Recreation Department; Swimming Pool; Pool Rental; and

3-707 Parks And Recreation Department; Swimming Pool; Rules And Regulations.

Section 11. That all ordinances or parts of ordinances in conflict herewith are hereby repealed and that any partial repeal shall not affect the other parts of ordinances that can be given effect without the repealed parts.

Section 12. This Ordinance shall be in full force and effect from and after its passage, approval, and publication as provided by law.

PASSED AND APPROVED this 16th day of May, 2023.

CITY OF CRETE, NEBRASKA

By: _____
David Bauer, Mayor

ATTEST: _____
Jerry Wilcox, City Clerk

4871-4445-8847, v. 3

GROUP VOLUNTARY ACCIDENT INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



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!**

Accident insurance is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a covered accident, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This insurance does not satisfy the individual mandate of the ACA because the coverage does not meet the requirements of minimum essential coverage.

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.

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 May 2, 2023.

POLICY INFORMATION

Policyholder: City of Crete

Policy Effective Date: January 1, 2023

Policy Number: GUDH-AXNG

Class(es): All Eligible Employees

Policy Anniversary: October 1

Group Number: G000AXNG

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 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

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible or the Employee submits a Written Request to enroll for insurance, subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

ACCIDENT INSURANCE – FULL PLAN 1M (NE-CC-CAT-NABM)

Accident insurance offers financial protection for You and Your insured Dependent(s) by paying a benefit if You or an insured Dependent are Injured in an Accident. The benefit amount(s) payable is/are based on the type and amount of

insurance in effect on the date the Accident occurs. All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

You may elect insurance for Yourself and Your Dependent(s) under the Certificate for one of the following coverage options:

- Yourself only
- You and Your Spouse
- You and Your Dependent child(ren)
- You, Your Spouse and Your Dependent child(ren)

This summary represents the accident insurance available under Full Plan 1M (NE-CC-CAT-NABM), as selected by the Policyholder. Insurance is available for Accidents that occur while You or Your insured Dependent(s) are not working for any employer. This is known as “non-occupational coverage” or “off-job only coverage” (the coverage type).

If You have questions regarding who is insured for accident insurance, the plan type or the coverage type, You may contact the Policyholder.

Express Benefit

If You or an insured Dependent are Injured as the result of an Accident, We will pay a benefit amount of \$50 upon notification of the Accident. This benefit is payable once per Accident for each Insured Person that is Injured as a result of the Accident.

Basic Benefits

The basic benefits payable under this Certificate are organized into the following categories:

Category	Benefit Amount
Initial Care & Emergency	Up to \$500
Specified Injuries	Up to \$5,000
Hospital, Surgical & Diagnostic	Up to \$300 per day and \$750 for admission
Follow-Up Care	Up to \$500

Within each category, benefits are payable up to the amount shown, depending on the type of Injury sustained or the type of medical Treatment that is received as the result of an Accident.

Additional Benefits

In addition to Basic Benefits, family care benefits (benefits for transportation, Lodging and/or Childcare) are available under the Certificate.

CATASTROPHIC INSURANCE – FULL PLAN 1M (NE-CC-CAT-NABM)

In addition to Basic Benefits, benefits for catastrophic losses and Injuries are available under this Certificate. Catastrophic insurance pays a benefit if You or an insured Dependent are in an Accident and experience a serious loss or Injury, such as death or dismemberment. The benefit amount payable is based on the amount of insurance that is in effect for You or an insured Dependent on the date the Accident occurs, subject to the definitions, limitations, exclusions and other provisions of the Policy.

Provided You have elected accident insurance, Your amount of catastrophic insurance is \$10,000.

Provided You have elected accident insurance for Your Spouse, Your Spouse’s amount of catastrophic insurance is \$5,000.

Provided You have elected accident insurance for Your Dependent child(ren), the amount of catastrophic insurance for Your Dependent child(ren) is \$5,000.

The amount of catastrophic insurance is also referred to as the Principal Sum. The Principal Sum for You or Your Spouse reduces by 50% when You reach the age of 70. If You have questions regarding the amount of catastrophic insurance for You or Your Dependent(s), You may contact the Policyholder.

GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY

All amounts of insurance under the Policy are guarantee issue. Evidence of insurability (proof of good health) is not required for any amount of insurance under the Policy.

ACCIDENT BENEFITS

All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

INITIAL CARE & EMERGENCY BENEFITS

If more than one form of Initial Care is received by an Insured Person for the same Accident, We will only pay the highest applicable benefit for the Insured Person. We will reduce the amount payable for Initial Care by the amount paid for the Express Benefit for an Accident for an Insured Person. Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Initial Care			

Emergency Room	\$100	72 hours	Once per Accident per Insured Person
Urgent Care Center	\$75	72 hours	Once per Accident per Insured Person
Initial Physician Office Visit	\$50	30 days	Once per Accident per Insured Person
Emergency Transportation			
Ground Ambulance	\$100	72 hours	Once per Accident per Insured Person
Air Ambulance	\$500	72 hours	Once per Accident per Insured Person

SPECIFIED INJURY BENEFITS

If an Insured Person sustains both a Fracture and Dislocation (or multiple Fractures and Dislocations) as the result of the same Accident, the maximum amount payable for all Fractures and Dislocations under the Policy is up to 200% of the amount payable for the Fracture or Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount.

Fractures (Broken Bones)

We will pay the applicable benefit amount shown in the Fracture Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Fracture sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Fracture is diagnosed as a Chip Fracture, We will pay 25% of the amount listed in the table for the Closed Reduction for the bone/bone group involved.

The maximum amount payable for all Fractures sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Fracture with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

Fracture Benefits Table

Bone/Bone Group (From Head to Toe)	Open Reduction Amount	Closed Reduction Amount
Skull, depressed (Cranial bones)	\$3,000	\$1,500
Skull, non-depressed (Cranial bones)	\$1,500	\$750
Bones of face (Except nose and lower jaw)	\$600	\$300
Nose (Nasal bones)	\$400	\$200
Lower jaw (Mandible)	\$600	\$300
Shoulder blade (Scapula)	\$600	\$300
Collarbone (Clavicle)	\$400	\$200
Breastbone (Sternum)	\$600	\$300
Rib	\$400	\$200
Upper arm (Humerus)	\$600	\$300
Forearm (Radius and/or ulna)	\$600	\$300
Wrist (Carpals)	\$600	\$300
Hand (Metacarpals, except fingers)	\$600	\$300
Fingers (Phalanges)	\$100	\$50
Vertebral body (Except vertebral processes)	\$1,500	\$750
Vertebral process	\$600	\$300
Tail bone (Coccyx)	\$400	\$200
Pelvis (Except tail bone and hip bones)	\$1,500	\$750
Hip bones (Ilium, ischium and/or pubis)	\$3,000	\$1,500
Thigh (Femur)	\$1,500	\$750
Knee cap (Patella)	\$600	\$300
Lower leg (Tibia and/or fibia)	\$1,500	\$750
Ankle (Talus)	\$600	\$300
Foot (Metatarsals and calcaneus, except toes)	\$600	\$300
Toes (Phalanges)	\$100	\$50

Dislocations (Separated Joints)

We will pay the applicable benefit amount shown in the Dislocation Benefits Table if an Insured Person receives Closed Reduction (Non-surgical) or Open Reduction (Surgical) Treatment for a Dislocation sustained as the result of an Accident. Treatment must occur by a Physician or Medical Professional within 90 days after the Accident.

If a Dislocation is diagnosed as an Incomplete Dislocation, or if Treatment of a Dislocation occurs by a Physician or Medical Professional without the use of Anesthesia, We will pay 25% of the amount listed in the table for the Closed Reduction for the joint/joint group involved.

The maximum amount payable for all Dislocations sustained by an Insured Person for the same Accident is up to 150% of the amount payable for the Dislocation with the highest applicable Open Reduction or Closed Reduction benefit amount. Additional limitations apply as described in the Certificate.

Dislocation Benefits Table

Joint/Joint Group (From Head to Toe)	Open Reduction Amount	Closed Reduction Amount
Lower jaw (Temporomandibular)	\$600	\$300
Shoulder (Glenohumeral)	\$600	\$300
Collarbone and breastbone (Sternoclavicular)	\$600	\$300
Elbow	\$600	\$300
Wrist (Radiocarpal and/or intercarpal)	\$600	\$300
Hand (Carpometacarpal and/or intrametacarpal)	\$600	\$300
Fingers (Interphalangeal and/or metacarpophalangeal)	\$150	\$75
Hip	\$3,000	\$1,500
Kneecap (Patella)	\$1,500	\$750
Ankle (Talocalcaneal and/or talocalcaneonavicular)	\$900	\$450
Foot (Tarsometatarsal and/or intermetatarsal)	\$900	\$450
Toes (Interphalangeal and/or metatarsalphalangeal)	\$150	\$75

Other Injuries

Lacerations and Burns require Treatment within 72 hours of an Accident. The Laceration benefit is based on the total length of all Lacerations that require repair, and is payable once per Accident per Insured Person. The Burn benefit is based on the severity of the most severe burn, and is payable once per Accident per Insured Person. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Lacerations			
Less than 2 inches	\$50	See above	See above
2 inches to 6 inches	\$150	See above	See above
Greater than 6 inches	\$400	See above	See above
No repair required	\$25	See above	See above
Burns			
2nd degree <= 9% TBSA	\$50	See above	See above
2nd degree 10 - 36% TBSA	\$100	See above	See above
2nd degree > 36% TBSA	\$500	See above	See above
3rd degree < 18% TBSA	\$1,000	See above	See above
3rd degree 18 - 36% TBSA	\$2,500	See above	See above
3rd degree > 36% TBSA	\$5,000	See above	See above
Skin Graft (% of burn benefit)	25%	72 hours	Once per Accident per Insured Person
<i>Note: "TBSA" is an acronym for "total body surface area."</i>			
Dental Care			
Crown or Filling Repair	\$150	30 days	Once per Accident per Insured Person
Extraction	\$50	30 days	Once per Accident per Insured Person

HOSPITAL, SURGICAL & DIAGNOSTIC BENEFITS

If any surgery listed below occurs concurrently with an Open Reduction for a Fracture or Dislocation of the same bone/bone group or joint/joint group as a result of the same Accident, only the highest applicable benefit is payable. Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Hospital			
Admission	\$750	Begins within 90 days	Once per Accident per Insured Person
Daily Confinement	\$100	Begins within 90 days	Per day up to 365 days
ICU Confinement	\$300	Begins within 30 days	Per day up to 15 days
Rehab. Facility Confinement	\$50	Begins within 365 days	Per day up to 30 days
Surgical			
Exploratory/Arthroscopic	\$100	365 days	Once per Accident per Insured Person
Abdominal/Cranial/Thoracic	\$1,000	365 days	Once per Accident per Insured Person
Herniated Disc	\$300	365 days	Once per Accident per Insured Person
Torn Knee Cartilage	\$250	365 days	Once per Accident per Insured Person
Ligament/Rotator Cuff/Tendon	\$250	365 days	Once per Accident per Insured Person
Eye Procedure	\$100	90 days	Once per eye per Accident per Insured Person

Blood Products	\$150	90 days	Once per Accident per Insured Person
Pain Management	\$50	90 days	Once per Accident per Insured Person
Diagnostic			
X-Ray	\$25	90 days	Once per Accident per Insured person
Diagnostic Exam	\$100	90 days	Once per Accident per Insured person
Brain Injury Diagnosis	\$100	30 days	Once per Accident per Insured person

FOLLOW-UP CARE BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Physician Follow-Up Office Visit	\$50	365 days	Up to 6 times per Accident per Insured Person
Therapy Services	\$25	365 days	Up to 6 times per Accident per Insured Person
Medical Device	\$50	365 days	Once per Accident per Insured Person
Prosthetic Device(s)	\$500	365 days	Up to 2 times per Accident per Insured Person

ADDITIONAL BENEFITS

Additional limitations apply as described in the Certificate.

Benefit	Amount	Treatment Timeframe	Frequency
Transportation per trip	\$150	365 days	Up to 3 per Accident per Insured Person
Lodging per night	\$100	365 days	Up to 30 per Accident per Insured Person
Childcare per day	\$20	365 days	Up to 30 per Accident per Dependent Child

CATASTROPHIC BENEFITS

The benefit amounts shown below are a percentage of the Principal Sum for an Insured Person, unless otherwise stated. The treatment timeframe for all catastrophic benefits is 365 days. For all Dismemberment & Paralysis benefits, up to 100% of the Principal Sum is payable per Accident per Insured Person. We will reduce the amount payable for any death benefit by the amount paid for any other catastrophic benefit for an Insured Person, unless otherwise stated in the Certificate. Additional limitations apply as described below and in the Certificate.

Benefit	Amount	Frequency
Accidental Death		
Basic Accidental Death	100%	Once per Insured Person
Common Carrier Accidental Death	200%	Once per Insured Person
Transportation of Remains	Up to \$5,000	Once per Insured Person
Dismemberment & Paralysis		
Loss of Both Hands, Loss of Both Feet, Loss of Entire Sight of Both Eyes or any combination of two or more of these losses	100%	See above
Loss of Speech and Loss of Hearing (Both ears)	100%	See above
Loss of One Hand, Loss of One Foot, Loss of Entire Sight of One Eye or Loss of Hearing (Both ears)	50%	See above
Loss of Thumb and Index Finger of the Same Hand	25%	See above
Loss of Multiple Fingers or Loss of Multiple Toes	10%	See above
Quadriplegia (Paralysis of both upper and both lower limbs)	100%	See above
Triplegia (Paralysis of three limbs)	75%	See above
Hemiplegia (Paralysis of an upper and a lower limb)	50%	See above
Paraplegia (Paralysis of both lower limbs)	50%	See above
Uniplegia (Paralysis of a limb)	25%	See above
Other Benefits		
Reasonable Modifications	Up to 10%	Once per Accident per Insured Person
Coma	50%	Once per Accident per Insured Person

EXCLUSIONS

We will not pay any benefits under the Policy for any loss or claim which does not result from an Accident or occurs more than 365 days after an Accident. We will also not pay any benefits under the Policy for an Accident that:

- 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
- Results from any bodily infirmity, Sickness, or medical or surgical Treatment thereof

- Results from cosmetic surgery or procedures
- Results, whether an Insured Person is sane or insane, from an intentionally self-inflicted Injury or Sickness, or suicide or attempted suicide
- Occurs in consequence of an Insured Person's being voluntarily intoxicated or under the influence of any controlled substance or alcohol (as defined by the laws of the state in which the Accident occurred), unless administered on the advice of a Physician
- Results 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
- Results from an Insured Person's voluntary participation in a riot, commission of or attempt to commit a felony or engagement in an illegal occupation
- Occurs while an Insured Person is incarcerated or imprisoned
- Results from an act of declared or undeclared war or armed aggression
- Occurs while an Insured Person is operating, learning to operate, riding as a passenger, boarding, departing or jumping from any aircraft (including those that are not motor driven, such as a hot air balloon), unless riding as a fare-paying passenger in a commercial aircraft on a regularly-scheduled flight or while Traveling on Business of the Policyholder
- Occurs while an Insured Person, during an organized contest, is riding in or on any motor vehicle or aircraft engaged in racing, endurance tests, off-road activities (for motor vehicles), acrobatic tricks or stunts (for motor vehicles), or acrobatic or stunt flying (for aircraft)
- Occurs while an Insured Person is practicing for, participating in or officiating any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received by the Insured Person
- Occurs while an Insured Person is engaged in skydiving, parachuting, hang gliding, wingsuit flying, proximity flying, sky surfing, paramotoring, paragliding, jet powered flight, bungee jumping, sail gliding, parasailing, parakiting, kite surfing, kiteboarding, scuba diving, cave diving, freediving, mountaineering, mountain climbing, mountain biking, mountain boarding, rock climbing, ice climbing, missed climbing, abseiling, base jumping, cliff jumping, rock climbing, free climbing, bouldering, slacklining, ski jumping, speed flying, speed riding, Parkour, Bossaball, Sepak Tekraw, Jai Alai, tricking, freerunning, sandboarding or train surfing
- Occurs 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

FEATURE(S)

Continuation of Insurance for Layoff or Leave

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, 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 Dependent(s), subject to certain conditions.

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, or end on the last day of the month in which You reach the age of 80. Additional circumstances under which insurance will end are described in the Certificate.

PREMIUMS

The premium rate structure for accident insurance under the Policy is comprised of a monthly rate for each coverage option shown in the Schedule that applies to You and Your Dependent(s).

You are responsible for the payment of premiums for insurance under the Policy. The premium owed by You equals the total premium for all Insured Person(s).

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. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

Coverage Tier	Monthly Premium Rate
Employee/Member	\$8.55 (\$0.28 per day)
Employee/Member + Spouse	\$15.25 (\$0.50 per day)
Employee/Member + Child(ren)	\$22.50 (\$0.74 per day)
Employee/Member + Family	\$28.75 (\$0.95 per day)

Premium Changes

Premium amounts will change if premium rates under the Policy are changed.

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE CERTIFICATE SUMMARY (OUTLINE OF COVERAGE)



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. This insurance does not satisfy the individual mandate of the ACA because the coverage does not meet the requirements of minimum essential coverage.

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.

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 May 2, 2023.

POLICY INFORMATION

Policyholder: City of Crete

Policy Effective Date: January 1, 2023

Policy Number: GUDE-AXNG

Class(es): All Eligible Employees

Policy Anniversary: October 1

Group Number: G000AXNG

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 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.

For California residents, an Employee and any Dependent(s) must have major medical insurance, or basic hospital insurance and basic medical insurance, to be eligible for insurance under the Policy.

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.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

You may elect to be insured for an amount of critical illness (CI) insurance equal to \$10,000.

Your Guarantee Issue Amount is \$10,000. Your amount of CI insurance is also referred to as Your CI Principal Sum. If you have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

Provided You have elected some amount of insurance, You may elect to have Your Spouse insured for an amount of critical illness (CI) insurance equal to \$10,000, provided the amount elected does not exceed 100% of Your CI Principal Sum.

Provided You have elected some amount of CI insurance, the amount of CI insurance for Your eligible Dependent child(ren) is 50% of Your CI Principal Sum.

Any amount of CI insurance for Your Dependent(s) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

The Guarantee Issue Amount for Your Spouse is \$10,000. The Guarantee Issue Amount for Your Dependent child(ren) is \$5,000. Any amount of CI insurance for a Dependent is the Dependent’s CI Principal Sum. If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

CRITICAL ILLNESS BENEFITS

Basic Benefits

In the event an Insured Person is Diagnosed with a Critical Illness while insured under the Policy, We will pay a critical illness (CI) benefit. For some Critical Illnesses, an Insured Person will receive 100% of the CI Principal Sum, and for others, an Insured Person will receive a Partial Benefit (a lesser percentage of the CI Principal Sum). Benefit payment is subject to the definitions, limitations, exclusions and other provisions of the Policy.

Critical Illness Benefits Table (the “CI Table”)

Benefit Category/Critical Illness	Benefit
Heart/Circulatory Category	
Heart Attack (Myocardial Infarction)	100% of the CI Principal Sum
Heart Transplant/Placement on UNOS List	100% of the CI Principal Sum
Heart Valve Surgery	25% of the CI Principal Sum
Coronary Artery Bypass	25% of the CI Principal Sum
Aortic Surgery	25% of the CI Principal Sum
Stroke	100% of the CI Principal Sum
Organ Category	
Major Organ Transplant/Placement on UNOS List	100% of the CI Principal Sum
End Stage Renal Failure	100% of the CI Principal Sum
Acute Respiratory Distress Syndrome (ARDS)	25% of the CI Principal Sum
Childhood/Developmental Category (These benefits are available to children only.)	
Cerebral Palsy*	100% of the CI Principal Sum
Structural Congenital Defects*	100% of the CI Principal Sum
Genetic Disorders*	100% of the CI Principal Sum
Congenital Metabolic Disorders*	100% of the CI Principal Sum
Type 1 Diabetes*	100% of the CI Principal Sum
Cancer Category	
Cancer (Invasive)	100% of the CI Principal Sum
Bone Marrow Transplant	50% of the CI Principal Sum
Carcinoma in Situ (Non-Invasive Cancer)	25% of the CI Principal Sum
Benign Brain Tumor	25% of the CI Principal Sum

To demonstrate how payment for a Partial Benefit works, assume that a person is insured under the Policy for a CI Principal Sum of \$5,000. This person is Diagnosed with ductal breast cancer that has not spread outside of the breast. Under the Policy, this would be considered Carcinoma in Situ (Non-Invasive Cancer), which offers a benefit of 25% of the CI Principal Sum. Since the CI Principal Sum is \$5,000, the benefit payable under the Policy is \$1,250.

Additional Category Occurrence Benefit

Once benefits have been paid for a Critical Illness for an Insured Person, no additional benefits are payable under the Policy for that same Critical Illness for the Insured Person, but with the additional category occurrence benefit, benefits are still payable for any other Critical Illness for the Insured Person in that same Benefit Category. This benefit allows an Insured Person to receive up to 200% of the CI Principal Sum in a Benefit Category, subject to certain conditions.

Reoccurrence Benefit

Once benefits have been paid for a Critical Illness for an Insured Person, a reoccurrence benefit is payable one time for a subsequent Diagnosis of that same Critical Illness. Benefits for some Critical Illnesses are only payable once per Insured Person under the Policy, as indicated in the CI Table. The amount of the reoccurrence benefit is the benefit shown in the table above for the reoccurring Critical Illness, subject to certain conditions.

Policy Benefit Maximum

For each Insured Person, the total amount of benefits payable under the Policy is subject to a Policy benefit maximum of 200% of the CI Principal Sum in effect for the Insured Person.

CRITICAL ILLNESS LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We will not provide benefits for any Critical Illness caused by, attributable to or resulting from a Pre-existing Condition until 12 months after an Insured Person is continuously insured under the Policy and any Prior Plan (if applicable). A Pre-existing Condition means any Critical Illness for which an Insured Person received Treatment in the 12 months prior to the date the Insured Person became insured under the Policy or any Prior Plan. This Pre-existing Condition limitation is fully described in the Certificate.

Exclusions

We will not pay benefits for any Critical Illness that:

- Results, whether the Insured Person is sane or insane, from an intentionally self-inflicted Injury or Illness, or suicide, or attempted suicide
- Results from an act of declared or undeclared war or armed aggression
- Is incurred while the 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
- Results from illegal activities, including participation in an illegal occupation
- Is the result of the voluntary use of illegal drugs by an Insured Person; the intentional misuse of over the counter medication or prescription drugs by an Insured Person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an Insured Person
- Is Diagnosed outside of the United States

FEATURE(S)

Continuation of Insurance for Layoff or Leave

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working, 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 Dependent(s), subject to certain conditions.

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, or end on the last day of the month in which You reach the Attained Age of 70. Additional circumstances under which insurance will end are described in the Certificate.

PREMIUMS

The premium rate structure for insurance under the Policy is comprised of attained age rates per thousand dollars of insurance for each Insured Person, with specified age bands.

You are responsible for the payment of premiums for insurance under the Policy. The premium owed by You equals the total premium for all Insured Person(s).

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. Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Contact the Policyholder or Your benefits administrator for additional information about the current premium rate structure for the Policy.

Premium Changes

Premium amounts for insurance under the Policy will change if:

- You reach the age of the next higher age band in the premium rate structure for the Policy
- Premium rates under the Policy are changed

If there is a change in the amount of insurance for any Insured Person, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

To obtain a copy of the Certificate, first contact the Policyholder or Your benefits administrator. If You do not receive what You need, You may then contact Us at 1-800-948-9478 (toll-free).