Smith AUTOMOTIVE GROUP

EMPLOYEE BENEFITS
SEMI-MONTHLY PAYROLL DEDUCTIONS
OCT 1, 2026 – SEP 30, 2027

MEDICAL INSURANCE

UMR	SILVER $7,500 Ded	GOLD $5,000 Ded	PLATINUM $2,500 Ded
Employee Only	$65.33	$142.59	$220.00
Employee + Spouse	$500.00	$600.00	$885.00
Employee + Child(ren)	$170.17	$350.00	$630.00
Employee + Family	$665.03	$786.17	$1,060.00

DENTAL

MUTUAL OF OMAHA	LOW PPO	HIGH PPO
Employee Only	$16.12	$27.69
Employee + One	$34.56	$53.93
Employee + Family	$55.63	$89.51

VISION

MUTUAL OF OMAHA	VISIONCONNECT
Employee Only	$3.41
Employee + Spouse	$6.82
Employee + Child(ren)	$6.99
Employee + Family	$10.41

GAP

APL	$2,000 / $2,000	$5,000 / $5,000
Employee Only	$20.04	$48.00
Employee + Spouse	$49.89	$96.00
Employee + Child(ren)	$35.40	$89.16
Employee + Family	$61.18	$137.16

Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.

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CRITICAL ILLNESS

MUTUAL OF OMAHA	EMPLOYEE	SPOUSE	CHILDREN
< 30	$0.14	$0.14	Included in adult rate.
30 - 39	$0.24	$0.24	
40 - 49	$0.52	$0.52	
50 - 59	$1.09	$1.09	
60 - 69	$2.29	$2.29	
70 - 79	$4.27	$4.27	
80 - 99	$5.89	$5.89	

HOSPITAL INDEMNITY

MUTUAL OF OMAHA	HOSPITAL INDEMNITY PLAN
Employee Only	$5.76
Employee + Spouse	$13.24
Employee + Child(ren)	$7.94
Employee + Family	$15.88

ACCIDENT

MUTUAL OF OMAHA	ACCIDENT PLAN
Employee Only	$6.72
Employee + Spouse	$10.38
Employee + Child(ren)	$13.21
Employee + Family	$18.07

Scan to access Benefits Guide

Scan to schedule your One-on-One benefits call.

Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.