

| <b>Medical Insurance</b>    | <b>EMPLOYEE CONTRIBUTION<br/>2026-2027</b> | <b>EMPLOYER<br/>CONTRIBUTION 26-27</b> |                      |
|-----------------------------|--|--|----------------------|
|                             | Cost per Month                             | Cost per Month                         |                      |
| <b>EPO3</b>                 |  |  |                      |
| SINGLE                      | \$135.44                                   | \$948.08                               |                      |
| EMPLOYEE + EMPLOYEE         | \$234.97                                   | \$1,644.78                             | only 1 employee pays |
| EMPLOYEE + SPOUSE           | \$542.24                                   | \$1,337.52                             |                      |
| EMPLOYEE + CHILDREN         | \$419.91                                   | \$1,276.04                             |                      |
| EMPLOYEE+ EMPLOYEE + FAMILY | \$537.67                                   | \$2,144.72                             | only 1 employee pays |
| EMPLOYEE + FAMILY           | \$874.95                                   | \$1,807.44                             |                      |
| <b>POS 4</b>                |  |  |                      |
| SINGLE                      | \$93.77                                    | \$948.08                               |                      |
| EMPLOYEE + EMPLOYEE         | \$162.67                                   | \$1,644.78                             | only 1 employee pays |
| EMPLOYEE + SPOUSE           | \$469.94                                   | \$1,337.52                             |                      |
| EMPLOYEE + CHILDREN         | \$354.68                                   | \$1,276.04                             |                      |
| EMPLOYEE+ EMPLOYEE + FAMILY | \$434.50                                   | \$2,144.72                             | only 1 employee pays |
| EMPLOYEE + FAMILY           | \$771.78                                   | \$1,807.44                             |                      |
| <b>HDHP</b>                 |  |  |                      |
| SINGLE                      | \$52.09                                    | \$948.08                               |                      |
| EMPLOYEE + EMPLOYEE         | \$90.37                                    | \$1,644.78                             | only 1 employee pays |
| EMPLOYEE + SPOUSE           | \$397.64                                   | \$1,337.52                             |                      |
| EMPLOYEE + CHILDREN         | \$289.45                                   | \$1,276.04                             |                      |
| EMPLOYEE+ EMPLOYEE + FAMILY | \$331.33                                   | \$2,144.72                             |                      |
| EMPLOYEE + FAMILY           | \$668.61                                   | \$1,807.44                             | only 1 employee pays |

**OPTIONAL ADDITIONS for LCSD INSURANCE -**

**DENTAL INSURANCE**

**Additional cost per month**

|        |          |
|--------|----------|
| SINGLE | \$37.75  |
| FAMILY | \$109.41 |

**VISION INSURANCE -**

**Additional cost per month**

|        |         |
|--------|---------|
| SINGLE | \$4.75  |
| FAMILY | \$12.12 |



**Lake County School District**  
Learning Beyond Walls

\*All insurance selections and changes are through the **EASE** insurance portal.

# Lake County School District

# Medical benefits at a glance

| Medical Plan Name        | EPO 3                           | POS 4                           | HDHP 5                          |
|--------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Benefits*</b>         | <b>In Network Single/Family</b> | <b>In Network Single/Family</b> | <b>In Network Single/Family</b> |
| Deductible               | Single \$1000/Family \$2000     | Single \$2,000/Fam \$4,000      | Single \$3,000/Family \$6,000   |
| Preventive Care          | No charge                       | No charge                       | No charge                       |
| Office Copay (PCP/SPC)   | PCP \$40, SPC \$55              | PCP \$40, SPC \$40              | 20% coins after deductible      |
| Hospital Inpatient Care  | \$1000 copay + 20% coins        | 20% coins after deductible      | 20% coins after deductible      |
| Urgent Care              | \$50 copay                      | 20% coins after deductible      | 20% coins after deductible      |
| Emergency Room           | \$250 copay                     | 20% coins after deductible      | 20% coins after deductible      |
| X-Ray and Lab            | Lab \$40 / X-Ray \$50           | Lab \$40 / X-Ray 20% coins      | 20% coins after deductible      |
| Diagnostics (CT/PET,MRI) | \$500 Visit                     | 20% coinsurance                 | 20% coins after deductible      |
| Out-of-Pocket            | Single \$3,000/Family \$6,000   | Single \$4,500/Family \$9,000   | \$12,000/\$24,000               |
| INN Pharmacy (Only)      | \$20/\$40/\$60; 2xs Mail Order  | \$20/\$40/\$60; 2xs Mail Order  | After Deductible \$20/\$40/\$60 |
| <b>Out of Network</b>    | <b>EPO 3</b>                    | <b>POS 4</b>                    | <b>HDHP 5</b>                   |
| Deductible               | Not Covered                     | \$4,000/\$8,000                 | \$6,000/\$12,000                |
| Coinsurance              | Not Covered                     | 40%                             | 40%                             |
| Out of Pocket            | Not Covered                     | \$10,000/\$20,000               | \$12,000/\$24,000               |
| <b>Employee Costs</b>    | <b>EPO 3</b>                    | <b>POS 4</b>                    | <b>HDHP 5</b>                   |
|                          | <b>Monthly</b>                  | <b>Monthly</b>                  | <b>Monthly</b>                  |
| Employee                 | \$135.44                        | \$93.77                         | \$52.09                         |
| Employee + Spouse        | \$542.24                        | \$469.94                        | 397.64                          |
| Employee + Children      | \$419.91                        | \$354.68                        | \$289.45                        |
| Employee + Family        | \$874.95                        | \$771.78                        | \$668.61                        |
| Employee+Employee        | \$234.97                        | \$162.67                        | \$90.37                         |
| EE + EE + Children       | \$537.67                        | \$434.50                        | \$331.33                        |

All Insurance changes are through the EASE portal. Please contact Human Resources for any questions on enrollment. Benefits start 07/01/2026.



LAKE COUNTY  
PANTHERS

# ease

## Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6.  your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms

Create your signature  
Start typing your full name as it appears below.



type your name.

THEN

Sign your signature

Create your signature  
Some carriers require a hand-drawn signature. Please draw your signature in the box below.



and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

# Meritain Health<sup>®</sup>

an  aetna<sup>®</sup> company



## A Quick Look at Your Health Plan

### Lake County School District

Group #16035

**When you enroll with Meritain Health<sup>®</sup>, you're taking the next step towards a healthier, more balanced you.**

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

#### **Get the support you need for a healthy balance**

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your health care benefits as your resource to protect your body, mind and spirit.

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

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188.682015

# Benefit Highlights

## Protecting your healthy balance with preventive care

Q

**Question:**

Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

A

**Answer:**

Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Early detection, proper nutrition, and routine exercise are the keys to living a long and healthy life, and will also help to control long-term health care costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.



**Built into your health plan are preventive benefits that cover:**

- Bone density test.
- Fecal occult screening.
- Mammogram.
- Pap smear.
- Physical exams.
- Prostate blood exam.
- Well-child care.

## Save when you visit network providers

This plan offers a network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

**Remember:** if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

# Benefit Highlights

## File claims quickly and easily

If you visit a provider in your network, you shouldn't need to submit a claim for services or pay at the time of your service with the exception of a copay, if applicable. Your provider will submit the claim on your behalf and you will later receive a bill for any out-of-pocket or other balances due.

If you have visited an out-of-network provider, you may need to file a claim form to ensure that the service is billed properly. Claim forms can be found online at [www.meritain.com](http://www.meritain.com) or you can obtain one from your Human Resources department. Submit the claim by fax or by mail to the fax number or mailing address listed on the claim form.

## Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of **Meritain Health's Medical Management Program**. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

### Some of these services include:

- Before admission to the hospital for elective or non-emergency services.
- Within 48 hours (two working days) after an emergency or urgent hospital admission.
- Before elective inpatient, outpatient or ambulatory surgery.
- Before inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Consult your Summary Plan Description for a complete listing of health care services that require precertification with a medical management nurse.

# Benefit Highlights

## Nationwide provider access at a discount

When you and your family seek health care services, you have access to Aetna's broad national provider network of health care providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.<sup>1</sup> When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.


## Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or health care facility participates, visit <https://www.aetna.com/dsepublic/#/mymeritain>.



### How to access your mobile web app

#### iPhone®

- Once you log in to your member website through [www.meritain.com](http://www.meritain.com), click the  icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the website.

#### Android™

- Once you log in to your member website through [www.meritain.com](http://www.meritain.com), you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

<sup>1</sup> <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

# Benefits Summary

|   | EPO Plan 3                           | PPO Plan 4                           |   |
|---|--------------------------------------|--------------------------------------|---|
|   | IN-NETWORK                           | IN-NETWORK                           | OUT-OF-NETWORK                            |
| <b>MAJOR MEDICAL</b>  |                                      |                                      |   |
| <b>Deductible (Ded)</b>   | \$1000/Individual<br>\$2000/Family   | \$2,000/Individual<br>\$4,000/Family | \$4,000/Individual<br>\$8,000/Family      |
| <b>Out-of-Pocket Maximum<br/>(Including Deductible, Copayments &amp; Coinsurance)</b> | \$3,000/Individual<br>\$6,000/Family | \$4,500/Individual<br>\$9,000/Family | \$9,000/Individual<br>\$18,000/Individual |
| <b>Co-Insurance</b>   | 80%                                  | 80%                                  | 60%                                       |
| <b>PREVENTIVE CARE</b>  | 100%, Deductible Waived              | 100%, Deductible Waived              | 90% after Deductible                      |
| <b>PHYSICIANS OFFICE VISITS</b>   | \$40                                 | \$40                                 | 60% after Deductible                      |
| <b>SPECIALIST OFFICE VISITS</b>   | \$55                                 | \$40                                 | 60% after Deductible                      |
| <b>URGENT CARE</b>  | \$50                                 | 80% after Deductible                 | 60% after Deductible                      |
| <b>EMERGENCY ROOM</b>   | \$250, then 100%                     | 80% after Deductible                 | Paid at In Network                        |
| <b>HOSPITAL INPATIENT CARE</b>  | \$1000 copay per admission           | 80% after Deductible                 | 60% after Deductible                      |
| <b>HOSPITAL OUTPATIENT CARE</b>   | \$750 copay per visit                | 80% after Deductible                 | 60% after Deductible                      |
| <b>PRESCRIPTION DRUG CARD</b>   |                                      |                                      |   |
| Retail (31 days supply)   |                                      |                                      |   |
| Generic   | \$20.00                              | \$20.00                              | NA  |
| Preferred   | \$40.00                              | \$40.00                              | NA  |
| Non-Preferred   | \$60.00                              | \$60.00                              | NA  |
| Mail Order (up to 90 days supply)   |                                      |                                      |   |
| Generic   | \$40.00                              | \$40.00                              | NA  |
| Preferred   | \$80.00                              | \$80.00                              | NA  |
| Non-Preferred   | \$120.00                             | \$120.00                             | NA  |

# Benefits Summary

|   | HDHP Plan 5                           |  |    |
|---|---------------------------------------|--|----|
|   | IN-NETWORK                            | OUT-OF-NETWORK                             |    |
| <b>MAJOR MEDICAL</b>  |                                       |  |    |
| <b>Deductible (Ded)</b>   | \$3,000/Individual<br>\$6,000/Family  | \$6,000/Individual<br>\$12,000/Family      |    |
| <b>Out-of-Pocket Maximum<br/>(Including Deductible, Copayments &amp; Coinsurance)</b> | \$6,000/Individual<br>\$12,000/Family | \$12,000/Individual<br>\$24,000/Individual |    |
| <b>Co-Insurance</b>   | 80%                                   | 60%  |    |
| <b>PREVENTIVE CARE</b>  | 100%, Deductible Waived               | 90% after Deductible                       |    |
| <b>PHYSICIANS OFFICE VISITS</b>   | 80% after Deductible                  | 60% after Deductible                       |    |
| <b>SPECIALIST OFFICE VISITS</b>   | 80% after Deductible                  | 60% after Deductible                       |    |
| <b>URGENT CARE</b>  | 80% after Deductible                  | 60% after Deductible                       |    |
| <b>EMERGENCY ROOM</b>   | 80% after Deductible                  | Paid at In Network                         |    |
| <b>HOSPITAL INPATIENT CARE</b>  | 80% after Deductible                  | 60% after Deductible                       |    |
| <b>HOSPITAL OUTPATIENT CARE</b>   | 80% after Deductible                  | 60% after Deductible                       |    |
| <b>PRESCRIPTION DRUG CARD</b>   |                                       |  |    |
| Retail (31 days supply)   | Generic                               | 80% after Deductible                       | NA |
|   | Preferred                             | 80% after Deductible                       | NA |
|   | Non-Preferred                         | 80% after Deductible                       | NA |
| Mail Order (up to 90 days supply)   | Generic                               | 80% after Deductible                       | NA |
|   | Preferred                             | 80% after Deductible                       | NA |
|   | Non-Preferred                         | 80% after Deductible                       | NA |

# Your Guide to Enrollment



## Completing your enrollment

Complete, sign and return your enrollment form to your employer within 30 days of your eligibility date whether you're enrolling or declining benefits.

- **Write clearly.** If your form is unreadable, your enrollment may be delayed, or incorrect.
- **Don't forget the back side.** Missing or incomplete information will delay your enrollment.
- **Sign and date your enrollment form.** Remember to sign and date the form, even if you're declining benefits.

## Helpful tips

- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the Livinti customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

**All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.**

# Your Guide to Enrollment




## The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.


Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you. If you misplace your ID card, use the Meritain Health mobile app to access your member website to get a copy of your ID on the go!

## Sample ID card

### Card front

|   |   |
|---|---|
| <b>Meritain Health</b><br>an  aetna company  | <b>Customer Service and Eligibility Inquiries</b><br>800.925.2272<br>www.MERITAIN.com   |
| <b>Member</b><br><b>Lake County School District</b><br>Group #: 16035<br><b>Member: FIRST NAME LAST NAME</b><br><b>Member ID: 123456789123</b><br>Division: 001<br><b>Dependent(s):</b><br>DEPENDENT NAME 1<br>DEPENDENT NAME 2 | <b>Medical Plan</b><br>Coverage:<br>Aetna Network<br><br>Plan: Aetna Choice POS II<br><br><br>www.liviniti.com<br>Member: 800.710.9341<br>Pharmacy: 800.710.9341<br><br>Generic \$20 Formulary \$40 Non-Formulary \$60 |

### Card back

|  |   |
|--|---|
| <b>Claims Submission</b><br><b>Mail ALL Claims &amp; Correspondence to:</b><br>Meritain Health<br>PO Box 853921<br>Richardson, TX 75085-3921<br><b>EDI: Change Healthcare 41124 or McKesson/Relay Health 1708 or 4561</b><br><br>NY Electing | <b>Eligibility</b><br>Call 800.925.2272 or visit <a href="http://www.MERITAIN.com">www.MERITAIN.com</a> for inquiries regarding eligibility, claims and plan benefits.  |
| <b>NY Electing</b><br><br>Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna.<br><b>Contact 800.343.3140 for assistance in locating an In-Network Provider.</b>               | <b>Precertification</b><br>For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits.<br>24-Hour Automated Customer Service: 800.566.9311 or <a href="http://www.MERITAIN.com">www.MERITAIN.com</a> |
| Printed:   | <br>DOI INDEX #: 009   |



# Convenient Tools and Resources

## Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health member website**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

### Registration for the member website is easy

If you're already registered to access your online account, simply enter [www.meritain.com](http://www.meritain.com) into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.

1

Scan the QR code and click on the link to register or visit [www.meritain.com](http://www.meritain.com). Then, in the top right corner, click *Register*.



2

Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

**Please note:** You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3

You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth
- Name.
- Zip code.
- Email address.

You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.



Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, or close friends).

# Convenient Tools and Resources

## Important plan contacts

What do you need help with?

### In-network doctors or hospitals

Meritain Health Customer Service **1.800.925.2272**

Access your Meritain Health member website at  
[www.meritain.com](http://www.meritain.com)

### The Aetna Choice® POS II provider network

Aetna provider line **1.800.343.3140**

[www.aetna.com/docfind/custom/mymeritain](http://www.aetna.com/docfind/custom/mymeritain)

### My prescription drug benefits

Livinti Customer Service

**1.800.710.9341**

### Precertification

Meritain Health Medical Management **1.800.242.1199**

### Enrollment/benefit elections

Lake County School District

Human Resources representative

**1.719.486.6811**



# Notes





**Simple. Transparent. Versatile.**  
At Meritain Health®, we're creating unrivaled connections.

Follow us:  @meritainhealth |  Meritain Health

[www.meritain.com](http://www.meritain.com) | © 2025-2026 Meritain Health, Inc.

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an  **aetna** company



# Lake County School District

## SUMMARY OF BENEFITS

| VISION CARE SERVICES                         | IN-NETWORK MEMBER COST                                    | OUT-OF-NETWORK MEMBER REIMBURSEMENT           |
|--|---|---|
| <b>EXAM SERVICES</b>                         |   |   |
| Exam   | \$10 copay  | Up to \$40                                    |
| Retinal Imaging                              | Up to \$39  | Not covered                                   |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b>        |   |   |
| Fit and Follow-up - Standard                 | Up to \$40  | Not covered                                   |
| Fit and Follow-up - Premium                  | 10% off retail price                                      | Not covered                                   |
| <b>FRAME</b>                                 |   |   |
| Frame  | \$0 copay; 20% off balance over \$130 allowance           | Up to \$91                                    |
| <b>LENSES</b>                                |   |   |
| Single Vision                                | \$25 copay  | Up to \$30                                    |
| Bifocal                                      | \$25 copay  | Up to \$50                                    |
| Trifocal                                     | \$25 copay  | Up to \$70                                    |
| Lenticular                                   | \$25 copay  | Up to \$70                                    |
| Progressive - Standard                       | \$90 copay  | Up to \$50                                    |
| Progressive - Premium Tier 1 - 3             | \$110 - 135 copay   | Up to \$50                                    |
| Progressive - Premium Tier 4                 | \$90 copay; 20% off retail price less \$120 allowance     | Up to \$50                                    |
| <b>LENS OPTIONS</b>                          |   |   |
| Anti Reflective Coating - Standard           | \$45  | Not covered                                   |
| Anti Reflective Coating - Premium Tier 1 - 2 | \$57 - 68   | Not covered                                   |
| Anti Reflective Coating - Premium Tier 3     | 20% off retail price                                      | Not covered                                   |
| Photochromic - Non-Glass                     | \$75  | Not covered                                   |
| Polycarbonate - Standard                     | \$40  | Not covered                                   |
| Scratch Coating - Standard Plastic           | \$15  | Not covered                                   |
| Tint - Solid and Gradient                    | \$15  | Not covered                                   |
| UV Treatment                                 | \$15  | Not covered                                   |
| All Other Lens Options                       | 20% off retail price                                      | Not covered                                   |
| <b>CONTACT LENSES</b>                        |   |   |
| Contacts - Conventional                      | \$0 copay; 15% off balance over \$130 allowance           | Up to \$130                                   |
| Contacts - Disposable                        | \$0 copay; 100% of balance over \$130 allowance           | Up to \$130                                   |
| Contacts - Medically Necessary               | \$0 copay   | Up to \$210                                   |
| <b>OTHER</b>                                 |   |   |
| Hearing Care from Amplifon Network           | Up to 64% off hearing aids; call 1.877.203.0675           | Not covered                                   |
| LASIK or PRK from U.S. Laser Network         | 15% off retail or 5% off promo price; call 1.800.988.4221 | Not covered                                   |
| <b>FREQUENCY</b>                             | <b>ALLOWED FREQUENCY - ADULTS</b>                         | <b>ALLOWED FREQUENCY - KIDS</b>               |
| Exam   | Once every 12 months from the date of service             | Once every 12 months from the date of service |
| Lenses                                       | Once every 24 months from the date of service             | Once every 24 months from the date of service |
| Frame  | Once every 24 months from the date of service             | Once every 24 months from the date of service |
| Contact Lenses                               | Once every 24 months from the date of service             | Once every 24 months from the date of service |

(Plan allows the member to receive either contacts and frame, or frame and lens services.)



### 40% OFF

additional complete pair of prescription eyeglasses

### 20% OFF

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads Up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

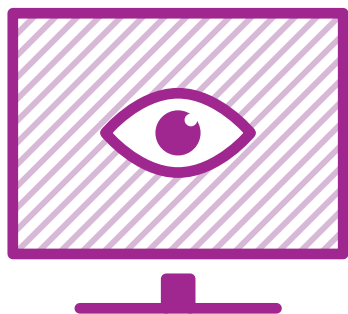
## Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye  
Med



## Create a member account at [eyemed.com](https://eyemed.com)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

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# ¿Listo para vivir la mejor experiencia con EyeMed?

Hay muchos beneficios más para la vista además de los copagos y la cobertura. Prepárese para ver los beneficios que le esperan.

## Su red es el lugar para comenzar

Vea a quien quiera, cuando quiera. Tiene miles de proveedores para elegir: oftalmólogos independientes, sus tiendas minoristas favoritas y hasta opciones en línea.

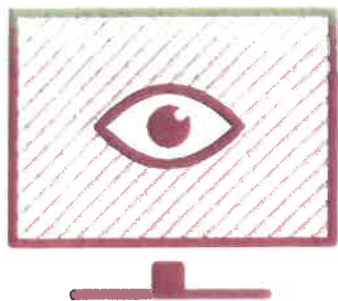
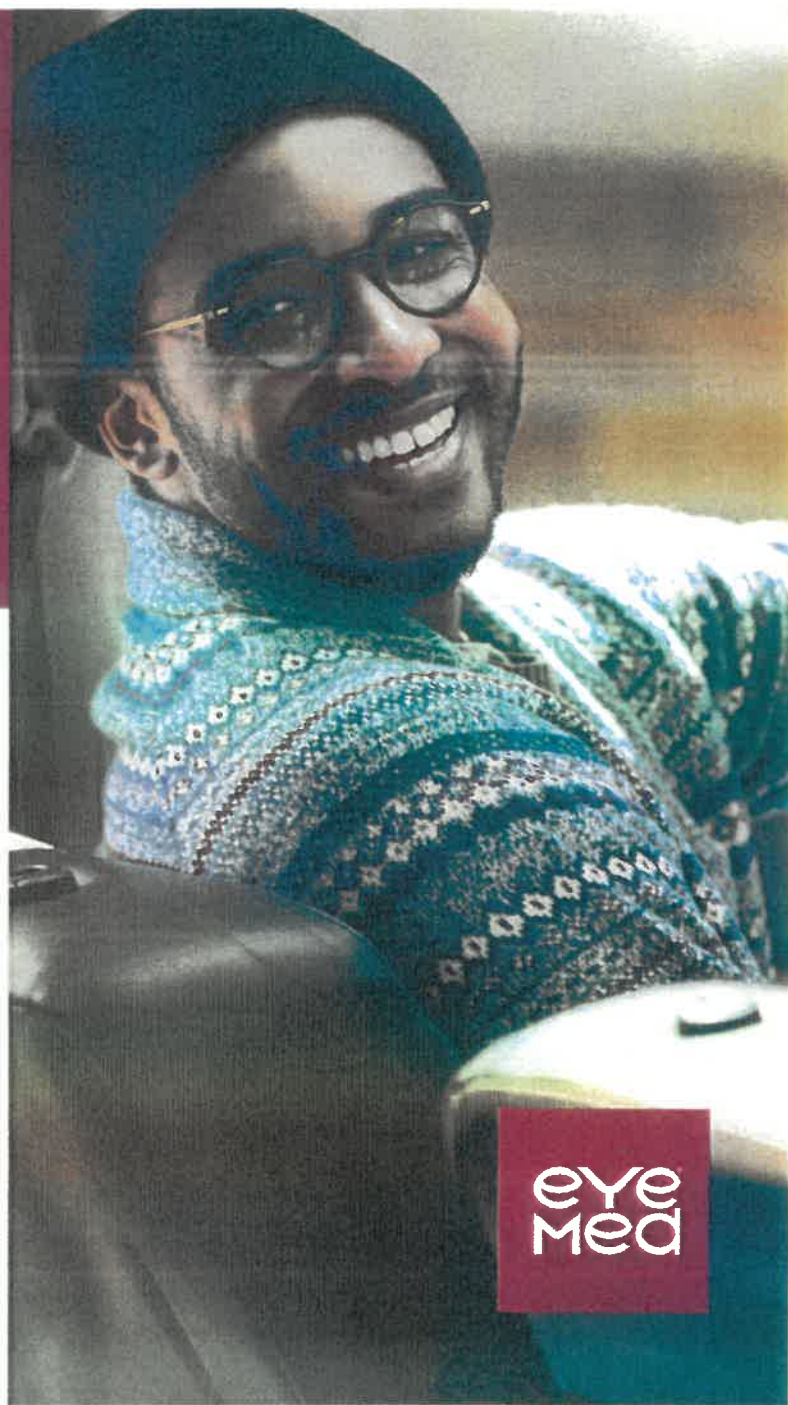
## Esté atento a los descuentos adicionales

Los afiliados ya ahorran en promedio un 71% de descuento del precio de venta con los beneficios de EyeMed,<sup>1</sup> pero nuestra larga lista de ofertas especiales aporta aún más beneficios.

## Recuerde: usted nunca está solo

Siempre estamos aquí para ayudarlo a usar sus beneficios como un profesional. Manténgase informado con alertas de texto y recursos para una vista sana por parte de los expertos. Si podemos facilitar los beneficios para usted, lo haremos.

<sup>1</sup>Con base en el promedio ponderado de las transacciones de ejemplo; red de EyeMed Insight/copago de examen de \$10/copago de materiales de \$10/asignación de armazón o lentes de contacto de \$120.



## Cree una cuenta de afiliado en [eyemed.com](https://www.eyemed.com)

Todo está allí, en un solo lugar. Revise reclamos y beneficios, vea las ofertas especiales y encuentre un oftalmólogo: busque uno según el horario, la ubicación y las marcas que desee. Para máxima movilidad, pruebe la aplicación EyeMed Members (en Google Play o la App Store).

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**Delta Dental PPO plus Premier  
LAKE COUNTY SCHOOL DISTRICT – GROUP # 12558**

|   |                            |                        |  |  |
|---|----------------------------|------------------------|--|--|
| <b>CALENDAR YEAR MAXIMUM BENEFIT</b>                          |                            |                        | \$1,750 per individual   |  |
| <b>CALENDAR YEAR DEDUCTIBLE</b><br>Applies to Basic and Major |                            |                        | Individual Deductible - \$ 50.00<br>Family Deductible - \$150.00 |  |
| <b>PPO<br/>Dentist</b>  | <b>PREMIER<br/>Dentist</b> | <b>OON<br/>Dentist</b> | <b>COVERED SERVICES</b>  | <b>BENEFIT INFORMATION</b>   |
| <b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>                     |                            |                        |  |  |
| 100%  | 100%                       | 100%                   | Oral Exams and Cleanings   | Twice each in a 12-month period. Two additional cleanings for special needs  |
|   |                            |                        | Sealants   | Once per tooth for permanent molars in children through age 14   |
|   |                            |                        | Bitewing X-Rays  | Once in a 12-month period  |
|   |                            |                        | Full Mouth X-Rays  | Once in a 60-month period  |
|   |                            |                        | Fluoride   | Twice in a 12-month period, through age 15   |
|   |                            |                        | Space Maintainers  | Children through age 13  |
| <b>BASIC SERVICES – DEDUCTIBLE APPLIES</b>                    |                            |                        |  |  |
| 80%   | 80%                        | 80%                    | Fillings   | Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth   |
|   |                            |                        | Simple Extraction  |  |
|   |                            |                        | Oral Surgery (General Anesthesia)                                |  |
|   |                            |                        | Endodontics/Periodontics   |  |
| <b>MAJOR SERVICES – DEDUCTIBLE APPLIES</b>                    |                            |                        |  |  |
| 50%   | 50%                        | 50%                    | Crowns / Implants  | Once per tooth in a 60-month period  |
|   |                            |                        | Dentures/Bridges   | One in a 60-month period, only when an existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16 |
| <b>ORTHODONTICS - \$2,000 LIFETIME MAXIMUM</b>                |                            |                        |  |  |
| 50%   | 50%                        | 50%                    | Children to age 19; \$2,000 lifetime maximum                     |  |

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Dentist** - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Out-of-Network Dentist** – Payment is based on the out-of-network Maximum Plan Allowance (MPA). Members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

Delta Dental of Colorado Customer Service: 1.800.610.0201 - [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com). Find us online at [www.deltadentalCO.com](http://www.deltadentalCO.com).

BRINGING IT ALL INTO FOCUS

# Time for a little Q&A

## A LOOK AT THE BENEFITS

What exactly do my EyeMed benefits cover?

If you're thinking about EyeMed, you'll want to connect with your employer to learn about the benefit options. Already a member? The easiest way to find your benefit information is to create a member account on [eyemed.com](http://eyemed.com) or grab the EyeMed Members App (App Store or Google Play).

Does EyeMed offer any extra discounts?

We sure do. At participating in-network providers, members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses only or frames only).<sup>\*</sup> You also get 20% off non-prescription sunglasses and accessories, and discounts on LASIK laser vision correction. Call 1.800.988.4221 to find a LASIK location near you.

Can I use EyeMed benefits online?

Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), [ray-ban.com](http://ray-ban.com), [glasses.com](http://glasses.com) and [contactsdirect.com](http://contactsdirect.com).

Can I get the same kind of care with a retail provider as I can with an independent doctor?

Many optometrists share space with a retail optical store, but operate a separate practice. All of them, wherever they practice, must meet the same state licensing and credentialing requirements. One advantage of using a vision carrier, like EyeMed, is that credentials of every in-network eye doctor are thoroughly examined and verified, so you can feel confident you're getting access to qualified eye doctors.

## MEMBER HOW-TO TIPS

How do I use my benefits?

At EyeMed, we're all about easy. Just choose an in-network eye doctor from our Enhanced Provider Search, schedule your visit and go in for care or eyewear. You don't even need your ID card – just give them your name and birthday. When you stay in-network, we'll handle all the paperwork.

How do I find an eye doctor in my network?

The Enhanced Provider Search on Member Portal and the EyeMed Members App has thousands of in-network eye doctors to choose from. Filter your search to find ones near you with the brands, hours and services you most want.

The EyeMed logo is displayed in white text on a green square background. The word "eye" is in a lowercase, sans-serif font, and "Med" is in a larger, bold, uppercase, sans-serif font. A registered trademark symbol (®) is located to the upper right of the "e" in "Med".

### How do I get on-the-go access?

The EyeMed Members App can do almost everything that Member Portal can. Find an eye doctor, set an appointment, review your benefits, check claims, find special offers, show your ID card—even store your vision prescriptions and set exam reminders. Download it through the App Store or Google Play.

### How do I submit a claim?

When you see one of our in-network eye doctors, you won't have to; we take care of all the paperwork. By the way, you'll save money by staying in-network, too. If you need an out-of-network claim form, log into your member account to find one.

### How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into [eyemed.com](http://eyemed.com) to print a replacement, or use your digital ID on the app. Here's a tip: you don't even need the card when you visit your eye doctor.

## VISION AND YOUR HEALTH

### I don't wear glasses and can see fine. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.<sup>1</sup>

### How often should I get an eye exam?

Vision changes can happen slowly—you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.

### At what age should my child first visit the eye doctor?

The American Optometric Association recommends a first eye exam between 6 months and 1 year of age.<sup>2</sup> The doctor may check for nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment, and how the eye reacts to light and darkness. They also recommend an exam between the ages of 3 and 5, and every year after that.

### My child gets a vision screening at school, so there's no need for an eye exam, right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye.

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Thinking of becoming a member? Learn more at [enroll.eyemed.com](http://enroll.eyemed.com)

Looking to stay healthy with vision? Learn how at [eyesiteonwellness.com](http://eyesiteonwellness.com)

Already a member? Manage benefits at [eyemed.com](http://eyemed.com)

\*Discounts are for in-network providers only. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log into your member account for full details. <sup>1</sup> "5 Health Problems Eye Exams Can Detect," YourSightMatters.com, March, 2016. <sup>2</sup> "Comprehensive pediatric eye and vision examination"; (2017 guideline brief); American Optometric Association; <https://www.aoa.org/Documents/AOA%20Executive%20Summary%20Pediatric%20Eye%20Exam%20Guidelines%20Revised%2003.05.18.pdf>

ENFÓQUELO TODO

# Es momento de una sesión de preguntas y respuestas

## UN VISTAZO A LOS BENEFICIOS

¿Qué cubren exactamente mis beneficios de EyeMed?

Si está considerando unirse a EyeMed, deseará comunicarse con su empleador para conocer las opciones de beneficios. ¿Ya está afiliado? La forma más fácil de encontrar información sobre sus beneficios es crear una cuenta de afiliado en [eyemed.com](http://eyemed.com) o descargar la aplicación EyeMed Members (en la App Store o Google Play).

¿Ofrece EyeMed algún descuento adicional?

Por supuesto que sí. En proveedores participantes de la red, los afiliados obtienen un 40 % de descuento en un par adicional de anteojos o un 20 % de descuento en un par parcial (solo en lentes o solo en armazones).\* También obtendrá un 20 % de descuento en lentes de sol sin receta y en accesorios, así como descuentos en corrección de la vista con láser LASIK. Llame al 1.800.988.4221 para encontrar una ubicación LASIK cerca de usted.

¿Puedo usar los beneficios de EyeMed en línea?

Aplice al instante sus beneficios dentro de la red al momento de pagar, con envío gratis, devoluciones gratuitas y sin completar documentos en estos proveedores participantes: [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), [ray-ban.com](http://ray-ban.com), [glasses.com](http://glasses.com) y [contactsdirect.com](http://contactsdirect.com).

¿Puedo recibir el mismo tipo de atención con un proveedor minorista que con un médico independiente?

Varios optometristas comparten su espacio con una tienda óptica minorista, pero trabajan en consultorios separados. Todos ellos, independientemente de dónde trabajen, deben cumplir los mismos requisitos para obtener la licencia y la acreditación estatales. Una de las ventajas de contar con un proveedor de la vista, como EyeMed, es que las acreditaciones de cada oftalmólogo dentro de la red se examinan y se verifican minuciosamente, por lo que puede estar seguro de que tendrá acceso a oftalmólogos calificados.

## CONSEJOS PRÁCTICOS PARA AFILIADOS

¿Cómo uso mis beneficios?

En EyeMed facilitamos todo. Simplemente elija un oftalmólogo de la red a través de nuestra búsqueda mejorada de proveedores, programe su visita y reciba la atención o los anteojos que necesita. Ni siquiera necesita su tarjeta de identificación. Solo brinde su nombre y su fecha de nacimiento. Cuando esté dentro de la red, nosotros administraremos todos los documentos.

¿Cómo encuentro un oftalmólogo en mi red?

La búsqueda mejorada de proveedores en el portal para afiliados y la aplicación EyeMed Members tiene miles de oftalmólogos dentro de la red entre los cuales elegir. Filtre su búsqueda para encontrar los más cercanos a usted según las marcas, los horarios y los servicios que desee.

The EyeMed logo is displayed in white text on a green square background. The word "eye" is in a lowercase, sans-serif font, and "Med" is in a larger, bold, uppercase, sans-serif font. A registered trademark symbol (®) is located to the upper right of the "e" in "Med".

### ¿Cómo obtengo acceso móvil?

La aplicación EyeMed Members permite hacer casi todo lo mismo que en el portal para afiliados. Encuentre un oftalmólogo, programe una cita, revise sus beneficios, revise reclamos, encuentre ofertas especiales, muestre su tarjeta de identificación e incluso guarde sus recetas de la vista y configure recordatorios de exámenes. Descárguela en la App Store o Google Play.

### ¿Cómo envío un reclamo?

Cuando vea a uno de nuestros oftalmólogos de la red, no tendrá que hacerlo. Nosotros nos encargamos de todos los documentos. Por cierto, también ahorrará dinero si permanece en la red. Si necesita un formulario de reclamo fuera de la red, inicie sesión en su cuenta de afiliado para encontrarlo.

### ¿Cómo obtengo un reemplazo de la tarjeta de identificación o una tarjeta adicional?

Si pierde su tarjeta o necesita tarjetas adicionales para su familia, inicie sesión en [eyemed.com](http://eyemed.com) para imprimir una de reemplazo o use su identificación digital en la aplicación. Un dato: no necesitará la tarjeta cuando visite a su oftalmólogo.

## LA VISTA Y SU SALUD

No uso anteojos y veo bien. ¿Aun así necesito un examen de la vista?

Hacerse un examen de la vista no solo implica la necesidad de anteojos. Se trata también de su salud. Un examen de la vista puede detectar problemas de salud visual, como glaucomas o cataratas, pero también puede ayudar a identificar los primeros signos de enfermedades graves, como la presión arterial alta, diabetes y colesterol alto, por nombrar algunas.<sup>1</sup>

¿Con qué frecuencia debo hacerme un examen de la vista?

Los cambios en la vista pueden ocurrir lentamente, tal vez incluso ni los note. Los exámenes anuales de la vista son una buena regla de oro, a menos que su médico recomiende controles con más frecuencia. Nosotros sugerimos que formen parte de su rutina de cuidado preventivo regular.

¿A qué edad debe visitar mi hijo al oftalmólogo por primera vez?

La American Optometric Association recomienda realizar un primer examen de la vista a los 6 meses de edad y al año de edad.<sup>2</sup> El médico puede controlar la miopía, la hipermetropía, el astigmatismo, la ambliopía (u "ojo vago"), el movimiento correcto del ojo y la alineación ocular, y cómo reacciona el ojo a la luz y a la oscuridad. También recomienda un examen entre los 3 y 5 años de edad y después una vez al año.

Mi hijo recibe una evaluación de la vista en la escuela, por lo tanto, no es necesario un examen de la vista, ¿verdad?

Una evaluación de la vista no reemplaza a un examen integral de la vista. Las evaluaciones escolares, por lo general, controlan el daltonismo y la capacidad de su hijo para ver de lejos. Un examen integral evaluará toda la estructura ocular.



¿Está pensando en afiliarse? Obtenga más información en [enroll.eyemed.com](http://enroll.eyemed.com)

¿Desea mantener una vista saludable? Conozca cómo hacerlo en [eyesiteonwellness.com](http://eyesiteonwellness.com)

¿Ya está afiliado? Administre sus beneficios en [eyemed.com](http://eyemed.com)

\*Los descuentos son solo para proveedores dentro de la red. Los beneficios no se pueden combinar con ningún descuento, oferta promocional ni otros planes de beneficios grupales. Se pueden aplicar limitaciones y exclusiones adicionales. Inicie sesión en su cuenta de afiliado para obtener más detalles.<sup>1</sup> "5 Health Problems Eye Exams Can Detect" ("5 Problemas de Salud que se Pueden Detectar en los Exámenes de la Vista"), [YourSightMatters.com](http://YourSightMatters.com), marzo de 2016. <sup>2</sup> "Comprehensive pediatric eye and vision examination" (Evaluación pediátrica integral de los ojos y de la vista") (resumen de pautas 2017), American Optometric Association, <https://www.aoa.org/Documents/AOA%20Executive%20Summary%20Pediatric%20Eye%20Exam%20Guidelines%20Revised%2003.05.18.pdf>

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**Lake County School District R-1**

| <b>Eligibility</b>  | All full-time, active employees who are U.S. citizens or legal U.S. residents, working 30 or more hours per week, year-round who are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
|---|--|----------------|-------------------------------------|------|------|---|------|-------------------------------------|-----|---|-----|---|-----|--|-----|-------------------|-----|----------------------------------|-----|-----------------------------|-----|
| <b>Benefit Amounts</b>  | Your benefit coverage is \$20,000.   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| <b>Reduction Schedule</b>   | Coverage reduces 35 percent at age 65 , 55 percent of the original amount at age 70 , 70 percent of the original amount at age 75 and 80 percent of the original amount at age 80 . Coverage terminates at retirement.   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| <b>Accidental Death &amp; Dismemberment</b>                                 | <p>The amount shown is paid if a covered loss occurs within 180 days after accidental bodily injury or death, on or off the job.</p> <table border="1"> <thead> <tr> <th><u>Loss of</u></th> <th><u>Percentage of Amount Insured</u></th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>100%</td> </tr> <tr> <td>Movement of both upper and lower limbs (Quadriplegia)</td> <td>100%</td> </tr> <tr> <td>Movement of three limbs (Triplegia)</td> <td>75%</td> </tr> <tr> <td>Movement of both lower limbs (Paraplegia)</td> <td>75%</td> </tr> <tr> <td>Movement of both upper and lower limbs on one side of the body (Hemiplegia)</td> <td>50%</td> </tr> <tr> <td>One hand, one foot or sight of one eye</td> <td>50%</td> </tr> <tr> <td>Speech or hearing</td> <td>50%</td> </tr> <tr> <td>Movement of one limb (Uniplegia)</td> <td>25%</td> </tr> <tr> <td>Thumb and index finger only</td> <td>25%</td> </tr> </tbody> </table> <p>Kansas City Life will not pay more than 100% of the amount insured for all losses sustained by an individual in one accident. Only the largest amount shown will be paid for injuries to the same limb resulting from any single accident.</p> | <u>Loss of</u> | <u>Percentage of Amount Insured</u> | Life | 100% | Movement of both upper and lower limbs (Quadriplegia) | 100% | Movement of three limbs (Triplegia) | 75% | Movement of both lower limbs (Paraplegia) | 75% | Movement of both upper and lower limbs on one side of the body (Hemiplegia) | 50% | One hand, one foot or sight of one eye | 50% | Speech or hearing | 50% | Movement of one limb (Uniplegia) | 25% | Thumb and index finger only | 25% |
| <u>Loss of</u>  | <u>Percentage of Amount Insured</u>  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Life  | 100%   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Movement of both upper and lower limbs (Quadriplegia)                       | 100%   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Movement of three limbs (Triplegia)   | 75%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Movement of both lower limbs (Paraplegia)                                   | 75%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Movement of both upper and lower limbs on one side of the body (Hemiplegia) | 50%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| One hand, one foot or sight of one eye                                      | 50%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Speech or hearing   | 50%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Movement of one limb (Uniplegia)  | 25%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| Thumb and index finger only   | 25%  |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| <b>Additional Benefits</b>  | <ul style="list-style-type: none"> <li>• Waiver of Premium Benefit</li> <li>• Conversion</li> <li>• Accelerated Death Benefit</li> <li>• Spouse Education Benefit</li> <li>• Child Education</li> <li>• AD&amp;D Benefits included: Seat Belt/Air Bag Benefit, Repatriation Benefit</li> </ul>   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |
| <b>Value Added Services</b>   | All enrolled employees will have 24-hour access to a travel assistance program, ID theft protection and beneficiary companion services through Generali Global Assistance (GGA).   |                |                                     |      |      |   |      |                                     |     |   |     |   |     |  |     |                   |     |                                  |     |                             |     |

*This outline is intended to be a brief summary of your benefits and does not include all plan provisions and limitations. Details of your benefits may be found in your benefit booklet, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs.*

# Seguro de Vida



Kansas City Life  
Insurance Company



Group  
Benefits

¿Tiene usted un cónyuge, hijos dependientes o un padre en su vida que depende de usted para su manutención? Si la respuesta es Sí, un seguro de vida podría ser la elección para usted.

En caso de la pérdida del proveedor de sueldo principal, 1 en 3 hogares tendría problemas inmediatos para pagar los gastos de vida.



Fuente: 2016 Insurance Barometer Study, Life Happens and LIMRA

93%

de los trabajadores en EE.UU. con beneficios de seguro de vida de su empleador cree que la mayoría de las personas necesitan seguro de vida.

Fuente: 2015 Life Insurance Awareness Month Fact Sheet, LIMRA

El seguro de vida continúa siendo una parte integral del paquete de beneficios de un empleador. Hoy, los empleados reconocen que tener un seguro de vida es una necesidad. Historias de seres queridos que dejan a sus familias sin protección financiera son cada vez más frecuentes. El plan de Seguro de Vida Grupal de Kansas City Life Insurance Company puede ayudarlo a obtener la protección y tranquilidad que necesita.

Tome esta oportunidad para revisar los beneficios de seguro de vida disponibles para usted de Lake County School District R-1.

## RESUMEN DE SEGURO DE VIDA PARA

Todos los empleados activos a tiempo completo que trabajan 30 horas por semana durante todo el año, que son ciudadanos estadounidenses o legales de los Estados Unidos, residentes y están desempeñando las tareas de su ocupación en su último día de trabajo programado inmediatamente antes de la fecha de vigencia del plan son elegibles para el seguro en esa fecha de vigencia.

El beneficio de su cónyuge es \$20,000.

La cobertura se reduce 35 por ciento a los 65 años, 55 por ciento de la cantidad original a los 70 años, 70 por ciento de la cantidad original a los 75 años y 80 por ciento de la cantidad original a los 80 años. La cobertura termina al jubilarse.

*\*Puede variar según el estado.*

### Beneficio de muerte accidental y desmembración (AD&D)

La cantidad mostrada se paga si una pérdida cubierta ocurre dentro de los 90 días después de una lesión corporal accidental o muerte, en o fuera del trabajo.

| Pérdida de  | Porcentaje de cantidad asegurada |
|---|----------------------------------|
| Vida  | 100%                             |
| Movimiento de ambas extremidades superiores e inferiores (tetraplejía)                      | 100%                             |
| Movimiento de tres extremidades (triplejía)   | 75%                              |
| Movimiento de ambas extremidades inferiores (paraplejía)                                    | 75%                              |
| Movimiento de ambas extremidades superiores e inferiores en un lado del cuerpo (hemiplejía) | 50%                              |
| Una mano, un pie o vista en un ojo  | 50%                              |
| Habla o audición  | 50%                              |
| Movimiento de una extremidad (uniplejía)  | 25%                              |
| Dedo pulgar e índice únicamente   | 25%                              |

Kansas City Life no pagará más del 100% de la cantidad asegurada para todas las pérdidas sostenidas por una persona en un accidente. Se pagará solo la cantidad mayor mostrada por lesiones de la misma extremidad resultantes de un solo accidente.

#### Beneficios adicionales

Beneficio de exención de prima

Conversión privilegiada

Beneficio de muerte acelerada

Beneficio de educación del cónyuge

Beneficio de educación de hijo(s)

Beneficios de AD&D incluyen: Beneficios de cinturón de seguridad/bolsa de aire, beneficio de repatriación

### ¡Inscríbase hoy!

Complete, firme y entregue su formulario de inscripción a Recursos Humanos y sepa que ha tomado un paso importante para ayudar a aliviar una carga financiera en caso de una muerte prematura.

*Esta descripción tiene la intención de ser un resumen de sus beneficios y no incluye todas las provisiones y limitaciones del plan. Detalles de sus beneficios se encuentran en su certificado de cobertura, provisto a usted en una fecha posterior. Si existen discrepancias entre este resumen y el certificado grupal, el certificado grupal regirá.*

*Esta es únicamente una descripción breve y no es un contrato. La Póliza Maestra de Grupo determinará todos los derechos y beneficios. Para obtener los costos y más detalles de cobertura, incluyendo exclusiones, cualquier reducción o limitación y los términos bajo los cuales la póliza podría continuar en vigencia o ser descontinuada, consulte a su agente o escriba a la Compañía. La póliza es cancelable o renovable a discreción de la Compañía. La Compañía tiene el derecho de aumentar los montos de las primas. La cobertura no está disponible en todos los estados.*

*Póliza y certificado referenciados: PJ136/CJ136*



**KANSAS CITY LIFE**

**GROUP BENEFITS**

Asegurado por:  
 Kansas City Life Insurance Company  
 3520 Broadway  
 Kansas City, MO 64111-2565  
 P.O. Box 219425  
 Kansas City, MO 64121-9425  
 Teléfono gratis: 877-266-6767, ext. 8200  
 Fax: 816-531-4648  
[groupbenefits@kclife.com](mailto:groupbenefits@kclife.com)  
[www.kclgroupbenefits.com](http://www.kclgroupbenefits.com)

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