



# Walled Lake Consolidated Schools Employee Benefit Guide Part-Time Food Service





# Walled Lake Consolidated Schools

Educational Services Center  
850 Ladd Road, Building D  
Walled Lake, MI 48390  
Phone: 248/956-2022  
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[wlcisd.org/staff-portal-2/benefits](http://wlcisd.org/staff-portal-2/benefits)

**Ali Hamka**  
**Assistant Superintendent**  
**Human Resources**

Hello,

Walled Lake Consolidated School District is excited to announce a major update to our open enrollment process! We have partnered with **American Fidelity** to manage this year's open enrollment for your district paid benefits, voluntary insurances and introduce several **new voluntary benefit options** designed to give you additional choices that may meet you and your families needs.

Because we want to make sure that you are enrolling in benefits that work for you and your family, we are moving to a more personalized enrollment process. This year, you will meet **one-on-one, in person** with an American Fidelity Account Manager at your building or at the benefit fair. Please make sure to go to page 28 of this packet to help you with instructions on how to prepare for your one-on-one session. Additionally, a QR code to schedule your meeting is located on page 17, if you haven't done so already.

## Your One-on-One Session

These sessions are designed to take the guesswork out of your benefits. Your Account Manager will help you:

- **Review Core Benefits:** Get expert guidance on coverages for which you may be eligible: medical, dental, vision insurance and basic life insurance.
- **Explore the Voluntary including New Options:** See if the voluntary options and new supplemental plans make sense for your lifestyle.
- **Get Year-Round Support:** This person will be your direct point of contact for claims or questions throughout the year.

## What are some voluntary or supplemental coverages being offered that may work for you?

- **Term & Whole Life Insurance** – Life insurance options for you and your dependents that may enhance your district-paid benefit (where applicable) or may be beneficial for portability.
- **Disability Insurance** – Designed to financially help in the event of a covered injury or illness.
- **Accident Only Insurance** – Designed to help cover the costs of treatments for injuries resulting from covered accidents.
- **Cancer Insurance** – Helps prepare for expenses from treatment to non-medical expenses, like travel and lodging, from covered cancer diagnosis.
- **Critical Illness Insurance** – Helps prepare for expenses that may not be covered by traditional major medical insurance.
- **Hospital Indemnity Insurance** – Designed to help pay for eligible out-of-pocket expenses related to an inpatient stay.
- **My Pet Protection Choice (Nationwide)** – Coverage for your furry family members.

## What Happens Next?

Please review carefully the materials provided for more details on benefits that may be available to you. There is a benefit enrollment checklist that is included in this packet which will help you be as prepared as possible for your one-on-one meeting. We are excited to offer these new levels of support to our staff and look forward to a smooth enrollment season.

In compliance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Walled Lake Consolidated School District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, political belief, military service or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. For information, contact the District Compliance Officer Ali Hamka, Assistant Superintendent-Human Resources, 850 Ladd Rd., Bldg. D., Walled Lake, MI 48390, phone (248) 956-2023.

*Every Day, Every Child!*

# Walled Lake Consolidated Schools

## Glossary of Sections

This glossary explains what each section of the Open Enrollment Benefit Guide covers.

<b>Section</b>	<b>What you'll find</b>
<b>Pak Benefit Summary Sheets 2026-2027</b>	Quick-reference summary sheets for the 2026–2027 plan year that outline key plan features in an at-a-glance format. Pages 4
<b>MetLife Dental Plan Summaries</b>	Details of dental plan options through MetLife, including covered services, networks, and plan features. Pages 5-14
<b>NVA National Vision Benefit Summaries</b>	Vision benefit information through NVA, including exam, lenses, frames/contacts, and how to use the plan. Pages 15-16
<b>New AFA Voluntary plans being offered</b>	An overview of the new voluntary benefits available through AFA, including highlights of what's offered, who may want to consider enrolling, and QR code to schedule your appointment. Pages 17-18
<b>Reliance Voluntary Disability</b>	Details on Short Term & Long Term disability benefit offerings Page 19-20
<b>Legal Shield/ID Shield</b>	Details on Affordable Legal and Identity Theft Protection. Page 21-23
<b>EAP thru Ulliance</b>	Employee Assistance Program resources available through Ulliance, such as confidential counseling/support and other services. Page 24
<b>Working advantage</b>	Discount and savings program information available through Working Advantage, including examples of commonly used discounts and how to access them. Page 25
<b>Pet Insurance</b>	Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection Choice <sup>SM</sup> , available only through workplace benefit programs. 26-27
<b>Prepare for your enrollment</b>	A checklist and tips for getting ready to enroll, such as, what information to gather, and how to complete your elections. Page 28



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### 140389 Walled Late Consolidated School District Dental Plan Summary All Support Staff

#### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams)	80%	80%
<b>Type B: Basic Restorative</b> (x-rays, fillings, extractions)	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	80%	80%
<b>Type D: Orthodontia</b>	60%	60%
<b>Annual Maximum Benefit</b>		
Per Person	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>		
Per Person <sup>***</sup>	\$1,300	\$1,300

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

**Late-enrollment waiting period:** There is a 45 days waiting period for all services following date of request.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 26.

#### List of Primary Covered Services & Limitations\*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatments per calendar year for dependent children up to his/her 19th birthday
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday.
<b>Type B — Basic Restorative</b>	
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 5 calendar years</li> <li>• Bitewings X-rays; one set per calendar year.</li> </ul>
Fillings	
Simple Extractions	
Crowns, Inlays and Onlays	Replacement once every 5 calendar years, minimum age 12
Oral Surgery	
Endodontics	Root canal treatment limited to once per tooth per 24 months.
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, 2 per calendar year.</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed</li> </ul>

## Dental Insurance

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### 140389 Walled Lake Consolidated School District Dental Plan Summary All Support Staff

	four treatments in a calendar year
<b>Type C — Major Restorative</b>	
Bridges and Dentures	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 5 calendar years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.</li> <li>Minimum age 16</li> </ul>
Implants	<ul style="list-style-type: none"> <li>Replacement once every 5 calendar years</li> <li>Repairs once every 12 months, minimum age 16.</li> </ul>
<b>Type D — Orthodontia</b>	

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category but is not a complete description of the plan.

## Exclusions

### This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;



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- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance,
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture;
- Intra and extraoral photographic images
- Other fixed Denture prosthetic services not described elsewhere in certificate
- Sealant

## Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form G2130) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for nonpayment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 60 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### 140389 Walled Late Consolidated School District Dental Plan Summary All Support Staff

#### Questions & Answers

##### Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

##### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-9420854 to have a list faxed or mailed to you.

##### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

##### Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

##### Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.

##### Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854

##### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

##### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.<sup>\*\*</sup> Please remember to hold on to all receipts to submit a dental claim.

##### Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

##### Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

<sup>†</sup>Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>††</sup>Due to contractual requirements, MetLife is prevented from soliciting certain providers.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### 140389 Walled Late Consolidated School District Dental Plan Summary All Support Staff

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### 140389 Walled Late Consolidated School District Dental Plan COB Summary All Support Staff

#### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams)	50%	50%
<b>Type B: Basic Restorative</b> (fillings, extractions, Xrays)	50%	50%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%
<b>Annual Maximum Benefit</b>		
Per Person	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

**Late enrollment waiting period:** There is a 45 day waiting period for all services following date of request.

<sup>1</sup>"In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.  
<sup>2</sup>Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.  
<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.  
<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 26.

#### List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatments per calendar year for dependent children up to his/her 19th birthday
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday
<b>Type B — Basic Restorative</b>	
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 5 calendar years</li> <li>• Bitewings X-rays; one set per calendar year</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 5 calendar years minimum age 12
Fillings	
Simple Extractions	



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### 140389 Walled Lake Consolidated School District Dental Plan COB Summary All Support Staff

Crown, Denture and Bridge Repair/ Recementations	
Oral Surgery	
Endodontics	Root canal treatment limited to once per tooth per 24 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 2 calendar years</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</li> </ul>
<b>Type C — Major Restorative</b>	
Implants	Replacement once every 5 calendar years minimum age 16
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 5 calendar years minimum age 16</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
<b>Type D — Orthodontia</b>	

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

## Exclusions

### This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;

## Dental Insurance

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### 140389 Walled Lake Consolidated School District Dental Plan COB Summary All Support Staff

- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Sealants;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

## Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

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**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for nonpayment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 60 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

## Questions & Answers

### Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-9420854 to have a list faxed or mailed to you.

### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

### Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

### Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.

### Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854

### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

### Q. How does MetLife coordinate benefits with other insurance plans?

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

### 1 **Walled Late Consolidated School District Dental Plan COB Summary All Support Staff**

**A.** Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

#### **Q. Do I need an ID card?**

**A.** No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

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†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.



# Your NVA Vision Benefit Summary

## Walled Lake Consolidated SD Plan 2

Effective 03/01/2009

Revised 01/01/2018

Group Number# 8277

### How Your Vision Care Program Works

## Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
<b>Examination</b> Once Every Calendar Year	<ul style="list-style-type: none"> <li>Covered 100% After \$6.50 copay</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$28.50 (OD)</li> <li>Up to \$38.50 (MD)</li> </ul>
<b>Lenses</b> Once Every Calendar Year <ul style="list-style-type: none"> <li>Single Vision               <ul style="list-style-type: none"> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> </ul> </li> <li>Glass Photogrey</li> <li>Transition(Standard)</li> <li>Polarized               <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> </ul> </li> <li>Gradient/Solid Tints               <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> </ul> </li> <li>Oversized Lenses</li> </ul>	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100% After \$18 copay</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> </ul> <ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$29</li> <li>Up to \$51</li> <li>Up to \$63</li> <li>Up to \$75               <ul style="list-style-type: none"> <li>N/A</li> <li>N/A</li> </ul> </li> <li>Up to \$18</li> <li>Up to \$30</li> <li>Up to \$38</li> <li>Up to \$44</li> </ul> <ul style="list-style-type: none"> <li>Up to \$4</li> <li>Up to \$10</li> <li>Up to \$12</li> <li>Up to \$14               <ul style="list-style-type: none"> <li>N/A</li> </ul> </li> </ul>
<b>Frame</b> Once Every Calendar Year	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$65 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$44</li> </ul>
<b>Contact Lenses</b> Once Every Calendar Year  <b>Elective Contact Lenses</b>	<b>In lieu of Lenses &amp; Frame</b> <ul style="list-style-type: none"> <li>Up to \$90 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>	<b>In lieu of Lenses &amp; Frame</b> <ul style="list-style-type: none"> <li>Up to \$90</li> </ul>
<b>Fit/Follow-Up</b> Standard Daily Wear Standard Extended Wear Specialty Wear	<ul style="list-style-type: none"> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100% after \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$20</li> <li>Up to \$30</li> <li>Up to \$30</li> </ul>
<b>Medically Necessary***</b>	<ul style="list-style-type: none"> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$175</li> </ul>

Eligible members and dependents are entitled to receive a vision examination and one pair of lenses and a frame or contact lenses and contact lens evaluation/ fitting once every calendar year.

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at [www.e-nva.com](http://www.e-nva.com) or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **827700002** or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands.

\*\*Does not apply to Wal-Mart/Sam's Club or Contact Fill (NVA Mail Order) and may be prohibited by some manufacturers.

\*\*\*Pre-approval from NVA required.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>\$50 Progressive Lenses Standard*</li> <li>\$25 Polycarbonate (Single Vision)</li> <li>\$10 Standard Scratch-Resistant Coating</li> <li>\$12 Ultraviolet Coating</li> <li>\$40 Standard Anti-Reflective</li> </ul> | <ul style="list-style-type: none"> <li>\$100 Progressive Lenses Premium*</li> <li>\$30 Polycarbonate (Multi-Focal)</li> <li>\$55 High Index</li> <li>\$30 Blended Bifocal (Segment)</li> </ul> |
|---|--|

\*Fixed Pricing not available on certain brands

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

## Get a Better View



**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants:  
 -Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent  
 -View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Contact Lens Fitting:</b>	Retail Less 10%	
<b>Lenses:</b>	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
<b>Frame:</b>	Retail Less 35%	
<b>Contact Lenses*:</b>	<b>Member Cost:</b>	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

## At NVA, We Work Only for Our Clients.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP 5/07. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.

**Exclusions / Limitations:** No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

**National Vision Administrators, L.L.C.** □ PO Box 2187 □ Clifton, NJ 07015  
**Web:** [www.e-nva.com](http://www.e-nva.com) □ **Toll-Free:** 1.800.672.7723  
 NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*





## Your benefits made simple.

To make your enrollment easier, you'll be able to enroll in your major medical insurance and supplemental benefits at the same time. Get all your benefit options and details with less hassle.

Your American Fidelity account manager can answer your questions and help you prepare your plan.



### Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: [americanfidelity.com/accident](https://americanfidelity.com/accident)



### Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: [americanfidelity.com/critical-illness](https://americanfidelity.com/critical-illness)



### Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: [americanfidelity.com/cancer](https://americanfidelity.com/cancer)



### Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: [americanfidelity.com/hospital-indemnity](https://americanfidelity.com/hospital-indemnity)



Book your appointment.  
[enroll.americanfidelity.com/FFBF6A54](https://enroll.americanfidelity.com/FFBF6A54)

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FIDELITY**   
a different opinion



## Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

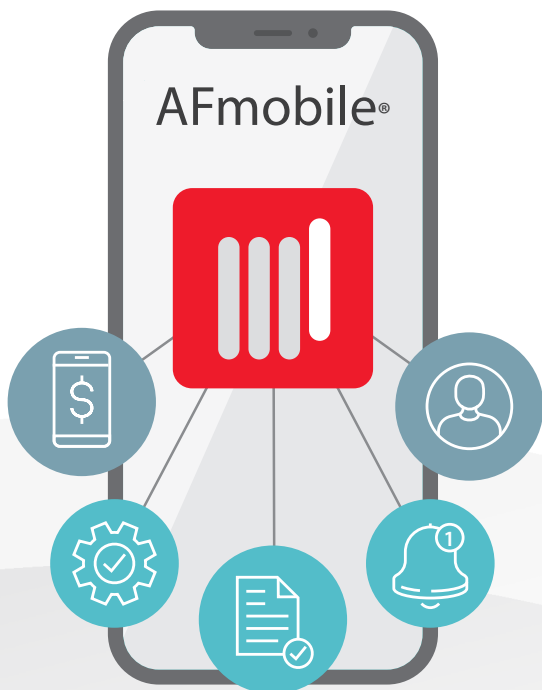
Learn more: [americanfidelity.com/life](https://americanfidelity.com/life)



## How can you prepare?




Browse our video library and watch short videos to learn about preparing for your enrollment, benefits education, inspiring stories and tutorials.

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*Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.*

## Plan Highlights

# Voluntary Group Short Term Disability Insurance



### Walled Lake Consolidated District

#### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

As defined by the Employer.

#### BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$100, from a minimum of \$100, up to a maximum benefit of \$1,000, not to exceed 60% of your covered earnings (rounded to the next lower increment).

#### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 14th consecutive day of disability.

#### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 24 weeks.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability
- ▶ Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled
- ▶ Transfer of Coverage provision

#### LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6451, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

## Plan Highlights



# Voluntary Group Long Term Disability Insurance

### Walled Lake Consolidated District

#### COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### ELIGIBILITY

As defined by the Employer.

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### ELIMINATION PERIOD

180 consecutive days of total disability.

#### BENEFIT AMOUNT

You may elect a monthly benefit in increments of \$100, from a minimum of \$500, up to a maximum benefit of \$5,000, not to exceed 60% of your covered earnings (rounded to the next lower increment).

#### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

#### RATES

See attached Rate Sheet



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

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

# Affordable Legal and Identity Theft Protection



**Legal and identity theft matters can strike anytime, don't get caught without protection!**

Shield your identity, privacy and legal rights with LegalShield and IDShield.

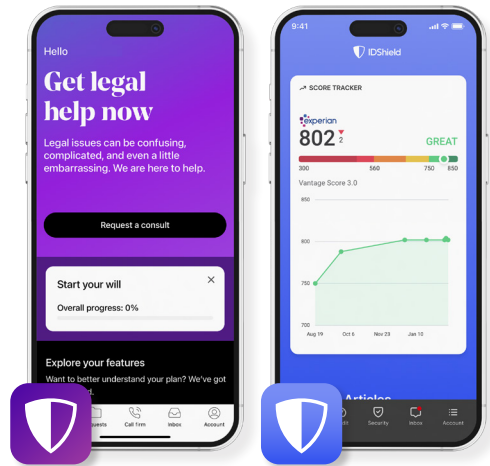
**LegalShield**

- ✓ Direct Access to your Own Provider Law Firm
- ✓ Unlimited Advice and Consultation
- ✓ Document Review and Preparation
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ Debt Collection Assistance
- ✓ Letters and Phone Calls Made on your Behalf

**IDShield**

- ✓ \$3 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Device Protection
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

**Always Connected.  
Always Protected.**



<b>LegalShield</b>	
<b>\$20.25/monthly</b>	
Family Plan	
<b>IDShield</b>	
<b>\$5.80/monthly</b>	<b>\$10.70/monthly</b>
Employee Plan	Family Plan
<b>LegalShield &amp; IDShield</b>	
<b>\$25.05/monthly</b>	<b>\$28.95/monthly</b>
Employee Plan	Family Plan
<p>Reduced rate pricing applies when enrolled in both plans.</p>	

For more information, visit: [shieldbenefits.com/walledlakedcsd](https://shieldbenefits.com/walledlakedcsd)



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## Open Enrollment is Coming Soon—Learn more about Important Legal and Identity Protection Benefits.

We are pleased to provide employee benefits to save you time and money while easing stress.

### LegalShield Legal Protection Plan

The legal plan, administered by LegalShield, provides you, your spouse or domestic partner, your parents and in-laws\*, and eligible, unmarried dependent children up to age 26 with direct access to an experienced provider law firm on a wide range of personal legal matters including, but not limited to:

- **Advice and consultation:** Collection letters, legal research, and the ability to meet with your provider lawyer in-office or by phone.
- **Family law:** Adoption and paternity, guardianship, name change, juvenile matters, pre-nuptial agreements, elder law matters, gender rights, immigration assistance, pet protection, reproductive matters, and more.
- **Home:** Deeds, home sales or purchases, neighbor disputes/easements, eviction and tenant issues (tenant only), foreclosures.
- **Finance:** Bankruptcy, collection letters, contracts/financial disputes, IRS audit services, personal property disputes, consumer protection, and more.
- **Wills and Estate Planning:** Codicils, Living Wills/Wills, Living Trusts/Special Needs Trusts, Physician's Directive, Power of Attorney, Probate, and more.
- **Motor Vehicle:** Driver's license restoration, motor vehicle property damage, moving traffic violations/traffic tickets, property damage claims, and more.

Additional benefits include letters and phone calls made on your behalf, contract and document review, 24/7 emergency access for covered legal emergencies, free legal forms and resources, and a mobile app.

\*Parents of the participant and/or participant's spouse are also eligible for advice, consultation, and document review for covered personal legal matters. They can receive the services available through the Elder Care Services of this Plan. Services include the preparation of a simple will and a Physician/Medical Directive.

### IDShield Identity Theft Protection Plan

The identity theft protection plan, administered by IDShield, covers you under the *Individual Plan* and can be extended to your spouse/domestic partner and dependent children under the *Family Plan*.\* Benefits include but are not limited to:

- Monitors Personal Identifiable Information (PII), such as SSN, passport, driver's license, etc., and alerts you if any risk is detected.
- Assigns a licensed private investigator to help restore your identity to pre-theft status in the case of identity theft—including pre-existing events.
- Comes with an Identity Fraud Protection Plan, which can cover identity theft expenses up to \$3 million.
- Assigns identity theft specialists available for consultation and advice about any identity theft or online privacy concern.
- Protects multiple devices with anti-malware: the Individual Plan protects up to three devices; the Family Plan up to 15.
- Helps to keep your personal information off unauthorized websites and out of the hands of top data brokers.
- Includes a Password Manager, Online Parental Controls, and a Virtual Private Network (VPN) that utilizes bank-grade data encryption to help prevent hacking and turns public hotspots into secure Wi-Fi.



- Provides 24/7/365 emergency support and a mobile app, which you can use to check your monthly credit score, review identity threat alerts, and obtain emergency assistance.

### Special Employee Rates

1. **LegalShield:** For \$20.25 a month, this benefit provides affordable protection for you, your spouse, and your children.
2. **IDShield** provides two options: an *Individual Plan* for \$5.80 a month and a *Family Plan* for \$10.70. The Family Plan includes monitoring for dependent children under age 18 and consultation and full-service restoration for children 18-26.
3. **Both benefits:** A reduced monthly rate of \$25.05 for the *Individual* bundle or \$28.95 for the *Family* bundle is applied if you enroll in both benefits.

Visit [www.shieldbenefits.com/walledlakecsd](http://www.shieldbenefits.com/walledlakecsd) to learn more about these benefits.

\*LegalShield and IDShield are trademarks of Pre-Paid Legal Services, Inc. ("PPLSI"). PPLSI provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan contract for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children. Consultation and Restoration Services are available for eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. Some of the services provided under the plan by third party providers are subject to change without notice. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

## Life Advisor Employee Assistance Program

LifeAdvisor.com



The Ulliance EAP is part of your benefits package and offers total well-being services to you, your spouse/live-in partner and dependents through the age of 26.

### Counseling

Feeling overwhelmed with work, relationship issues, addiction, or loss? Expert counselors offer guidance through **in-person chats, virtual video sessions, or phone calls** for solutions and breakthroughs.



### Coaching

Tackle life's hurdles with a Life Advisor Coach, ready to chat via phone or video. **Crush those career goals, save for a rainy day, or level up your self-improvement** game with our pro tips and tricks.



### Crisis help

You can speak with a mental health professional by phone at any time, **24 hours a day, 7 days a week**—365 days a year.



### Legal & Financial Consults

Our experts offer support and resources to help you navigate difficult situations, including **legal advice, financial planning, and debt management**.



### Resources & more!

Explore **expert advice, articles** and **tips** for a fulfilling life. Join **webinars**, watch orientation **videos** to discover hidden talents. Learn how to access **community resources**, the Ulliance **identity theft program**, plus **travel** and **entertainment discounts** for you and your family.



### Connect with us

**Call us today and kickstart your journey to becoming the ultimate version of yourself!**



**800.448.8326**



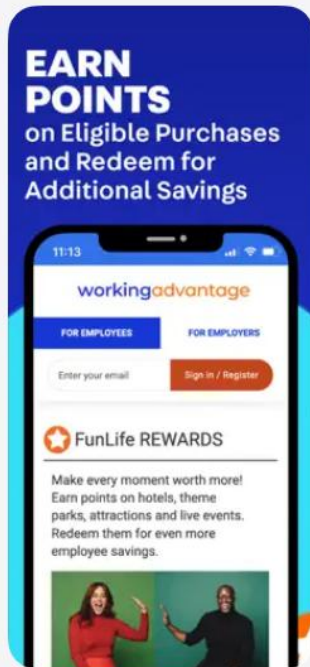
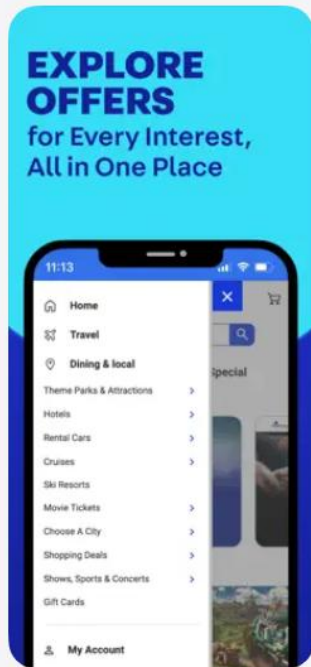
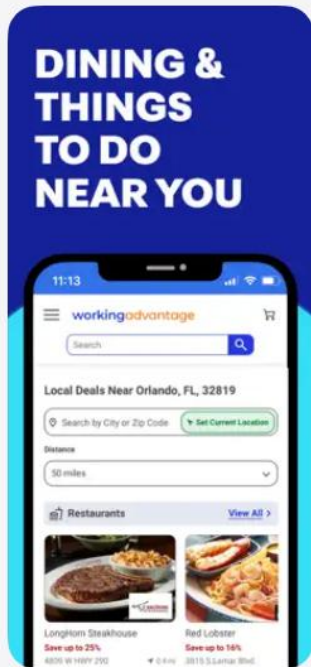
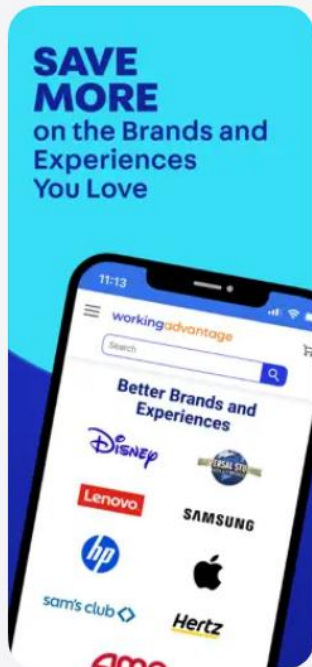
# working advantage

## NEW MOBILE APP!

Make it simple to shop, save big and earn more on gifts, experiences and family fun.



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2. Sign up with your preferred email
3. Verify with company code: 133785603





# Nationwide<sup>®</sup> My Pet Protection Choice<sup>SM</sup>

## PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection Choice<sup>SM</sup>, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.<sup>1</sup>

My Pet Protection Choice <sup>SM</sup>	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 <b>Accident coverage</b>	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 <b>Illness coverage</b>	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 <b>Hereditary &amp; congenital coverage</b>	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 <b>Wellness coverage (for dogs &amp; cats)</b>		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental <sup>2</sup> and one additional test <sup>3</sup>			✓



<http://www.petinsurance.com/AFAPets> | 877-738-7874



Nationwide<sup>®</sup>



## What makes My Pet Protection Choice<sup>SM</sup> different?

Every My Pet Protection Choice<sup>SM</sup> policy includes guaranteed issuance,<sup>4</sup> plus additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



Nationwide is the industry's first provider of coverage for birds and exotic pets.

## Nationwide offers more than great coverage

### VetHelpline<sup>®</sup>

#### 24/7 pet telehealth support

All Nationwide<sup>®</sup> pet insurance members enjoy unlimited access to VetHelpline<sup>®</sup> for round-the-clock telehealth with licensed veterinary professionals.

### petco veterinary services

#### Save on veterinary care

Nationwide<sup>®</sup> pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

### Nationwide PetRxExpress<sup>®</sup>

#### Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress<sup>®</sup>.

### vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

### vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

Easy to use, easy to understand

1 Visit any veterinarian, anywhere.

2 Submit a claim from any device.

3 Get reimbursed for eligible expenses once the deductible is met.



<http://www.petinsurance.com/AFAPets> | 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date.

[3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, My Pet Protection, and VetHelpline are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 24GRP10277N.



# Prepare for Your Enrollment

Have you reviewed your insurance benefits lately? The right benefits can help you be more financially stable. Reviewing them ensures you have coverage to help protect your wallet and your lifestyle. Here are some questions that may help.

**What questions do you have about your available insurance options?**

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**What medical, dental, or vision procedures do you have planned for next year?**

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**What do you typically spend on prescriptions?** Tip: Log in to your pharmacy's website to view your history.

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## Inspiring Stories

Hear from others who have shared their life-changing stories. American Fidelity is honored to be a part of their journeys.

[americanfidelity.com/customer-stories](http://americanfidelity.com/customer-stories)

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