



Walled Lake Consolidated Schools Employee Benefit Guide Secretaries





Walled Lake Consolidated Schools

Educational Services Center
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wlcsl.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 39 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 22, 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.

Section	What you'll find
Pak Benefit Summary Sheets 2026-2027	Quick-reference summary sheets for the 2026–2027 plan year that outline key plan features in an at-a-glance format. Pages 5-6
Medical Plan Comparison & Rates	A side-by-side comparison of the medical plan options and the payroll rates/premiums to help you choose the best fit. Page 7
MetLife Dental Plan Summaries	Details of dental plan options through MetLife, including covered services, networks, and plan features. Pages 8-17
NVA National Vision Benefit Summaries	Vision benefit information through NVA, including exam, lenses, frames/contacts, and how to use the plan. Pages 18-21
New AFA Voluntary plans being offered	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 22-23
Health Savings Account (HSA) Details	Information about HSAs, including eligibility, how contributions work, how funds can be used, and what to consider when enrolling. Pages 24-29
Legal Shield/ID Shield	Details on Affordable Legal and Identity Theft Protection. Page 30-32
EAP thru Ulliance	Employee Assistance Program resources available through Ulliance, such as confidential counseling/support and other services. Page 33
Reliance Voluntary Disability	Details on Short Term & Long Term disability benefit offerings Page 34-35
Working advantage	Discount and savings program information available through Working Advantage, including examples of commonly used discounts and how to access them. Page 36
Pet Insurance	Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection Choice SM , available only through workplace benefit programs. 37-38
Prepare for your enrollment	A checklist and tips for getting ready to enroll, such as, what information to gather, and how to complete your elections. Page 39








SECRETARIES

PAK A (with Health)

BENEFIT SUMMARY SHEET

This is a brief description of 2026-27 benefits for eligible employees, which begin AFTER the 30th day of employment.

For additional information, please contact the Benefits Office at (248)956-2046.

BENEFIT	DESCRIPTION
MEDICAL INSURANCE Blue Cross Blue Shield of Michigan Blue Care Network 	PAK A-1 Simply Blue HSA PPO \$3400 20% \$3,400 / \$6,800 deductible \$6,900 / \$13,800 out of pocket max PAK A-2 Blue Care Network Blue Elect Plus \$2,000 / \$4,000 deductible \$4,000 / \$8,000 out of pocket max PAK A-3 Blue Care Network HDHP HMO (30%) \$3,400 / \$6,800 deductible \$6,900 / \$13,800 out of pocket max
Dental Insurance MetLife Dental Insurance 	80/80/80/60 Tiered PPO Coverage 50/50/50/50 Tiered PPO Coverage COB
Vision Insurance National Vision Administrators (NVA) 	100% Coverage Annual Eye Exam Includes coverage for contact lenses
Group Life/AD&D Insurance Reliance Matrix Life Insurance 	District paid group life of \$15,000 with AD&D
Long Term Disability 	Optional disability available at employee cost
Short Term Disability	Optional Disability available at employee cost with \$10.00 board paid credit.
Voluntary Life Insurance Reliance and American Fidelity Insurance	Optional life insurance available for Employee, Spouse and dependent children at employee cost.
Health Savings Account (HSA)	Pre-tax payroll deduction for Health Care expenses
Flexible Spending Account (FSA)	Pre-tax payroll deduction for Health and Dependent Care expenses
Paid Time Off	1 day of PTO earned per month of work with vacation days based on years of employment.
Holidays	13 Paid holidays per year
Employee Assistance Plan & Discount Program Ulliance / Working Advantage	24/7 Confidential service that provides assessment, counseling, resources and referrals for everyday needs. Online Discount program for employees



SECRETARIES

PAK B & C (with NO Health)

BENEFIT SUMMARY SHEET

This is a brief description of 2026-27 benefits for eligible employees, which begin ON the first day of the following month in which probation is passed. For additional information, please contact the Benefits Office at (248)956-2046.

PAK B BENEFITS	PAK C BENEFITS
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Dental Insurance
 MetLife Dental Insurance
 80/80/80/60 Tiered PPO Coverage
 50/50/50/50 Tiered PPO Coverage COB



NO DENTAL INSURANCE

Vision Insurance
 National Vision Administrators (NVA)
 100% Coverage Annual Eye Exam
 Includes coverage for contact lenses



NO VISION INSURANCE

Group Life/AD&D Insurance
 Reliance Matrix Life Insurance
 District paid group life of \$40,000 with AD&D



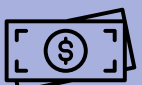
Group Life/AD&D Insurance
 Reliance Matrix Life Insurance
 District paid group life of \$15,000 with AD&D



Cash In Lieu
 \$240 Annual Cash in Lieu for Full-time employees only. Prorated if employment is for less than a full year. Paid in June and December.



Cash In Lieu
 \$1200 Annual Cash in Lieu for Full-time employees only. Prorated if less than a full year. Paid in June and December minus the cost of life insurance.



Long Term Disability



Optional disability available at employee cost

Short Term Disability

Optional Disability available at employee cost.

Voluntary Life Insurance
 Reliance and American Fidelity Insurance

Optional life insurance available for Employee, Spouse and dependent children at employee cost.

Health Savings Account (HSA)

Pre-tax payroll deduction for Health Care expenses

Flexible Spending Account (FSA)

Pre-tax payroll deduction for Health and Dependent Care expenses

Paid Time Off

1 day of PTO earned per month of work with vacation days based on years of employment.

Holidays

13 Paid holidays per year

Employee Assistance Plan & Discount Program
 Ulliance / Working Advantage

24/7 Confidential service that provides assessment, counseling, resources and referrals for everyday needs. Online Discount program for employees

	2026-27 PAK A-1		2026-27 PAK A-2		2026-27 PAK A-3	
Plan Identification	Simply Blue HDHP 3400/20%		BCN HDHP Blue Elect Plus		BCN HMO HDHP	
Insurance Carrier	Blue Cross Blue Shield		Blue Care Network		Blue Care Network	
Plan Basics	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Deductible Amount	\$3,400/\$6,800	\$6,800/\$13,600	\$2,000/\$4,000	\$4,000/\$8,000	\$3,400/\$6,800	
Deductible TYPE	Embedded- 2 Person and Family deductible capped at individual deductible amount. Need 2 or more to meet 2 person or family deductible		Aggregate-One person can meet 2 person or family deductible		Embedded- 2 Person and Family deductible capped at individual deductible amount. Need 2 or more to meet 2 person or family deductible	
Plan Type	PPO HDHP with HSA		Point of Service HDHP with HSA		HMO HDHP with HSA	
Coinsurance Level after deductible	20%	40%	20%	40%	30%	
Out-of-Pocket Max (Ded+copays+coins)	\$6,900/\$13,800	\$13,800/\$27,600	\$4,000/\$8,000	\$8,000/\$16,000	\$6,900/\$13,800	
Life Time Maximum	Unlimited		Unlimited		Unlimited	
Other Plan Details	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Inpatient Hospital Care (after deductible)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	30% Coinsurance	
Emergency Care (after deductible)	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	
Office Visits (after deductible)	20% Coinsurance	40% Coinsurance	20% Coinsurance	40% Coinsurance	30% Coinsurance	
Preventative Care (NO deductible)	100% Covered	Not Covered	100% Covered	Not Covered	100% Covered	
Chiropractic Services (after deductible)	20% Coinsurance (12 visits/yr)	40% Coinsurance (12 visits/yr)	20% Coinsurance (30 visits/yr)	Not Covered	30% Coinsurance (30 visits/yr)	
Prescription Drugs	All copays listed below are AFTER deductible is met.					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Tier 1 Preferred Generic	\$15 Copay	In network copay plus 20% of BCBSM approved amt for all tiers after deductible	\$4 Copay	Not Covered	\$4 Copay	
Tier 2 Non Preferred Generic	\$50 Copay		\$15 Copay		\$15 Copay	
Tier 3 Preferred Brand	\$70 copay or 50% of the approved amount no more than \$100		\$40 Copay		\$40 Copay	
Tier 4 Non Preferred Brand	\$80 Copay		\$80 Copay		\$80 Copay	
Tier 5 Preferred Specialty	20% Coinsurance max \$200		20% Coinsurance max \$200		20% Coinsurance max \$200	
Tier 6 Non Preferred Specialty	25% Coinsurance max \$300		20% Coinsurance max \$300		20% Coinsurance max \$300	
Mail Order (90 day Supply)	MOPD 3x minus \$10 (after deductible)	Not Covered	MOPD 3x minus \$10 (after deductible)		MOPD 3x minus \$10 (after deductible)	
Employee Per Pay Contribution (24 pays)						
Employee	\$119.76	Current \$45.36	\$54.01	Current \$25.77	\$0.00	Current \$0.00
Two Person	\$389.57	Current \$208.14	\$231.77	Current \$161.11	\$87.82	Current \$51.74
Family	\$449.52	Current \$223.80	\$252.28	Current \$ 165.01	\$72.34	Current \$28.29
Employee Per Pay Contribution (20 pays)						
Employee	\$143.71	Current \$54.43	\$64.81	Current \$30.92	\$0.00	Current \$0.00
Two Person	\$467.48	Current \$249.77	\$278.12	Current \$193.33	\$105.38	Current \$62.08
Family	\$539.42	Current \$268.55	\$302.73	Current \$198.01	\$86.80	Current \$33.94
Employee Minimum Annual Amount (Premium Only)						
Employee	\$2,874.12		\$1,296.24		\$0.00	
Two Person	\$9,349.56		\$5,562.48		\$2,107.68	
Family	\$10,788.48		\$6,054.60		\$1,736.04	
Employee Annual Maximum Cost (Annual Premium + Annual Out of Pocket Max)						
Employee	\$9,774.12	\$16,674.12	\$5,296.24	\$9,296.24	\$6,900.00	
Two Person	\$23,149.56	\$36,949.56	\$13,562.48	\$21,562.48	\$15,907.68	
Family	\$24,588.48	\$38,388.48	\$14,054.60	\$22,054.60	\$15,536.04	
Insurance Rates - Monthly (Cost to the District)						
Employee	\$901.35		\$769.86		\$649.90	
Two Person	\$2,163.25		\$1,847.66		\$1,559.76	
Family	\$2,704.07		\$2,309.58		\$1,949.70	
Employer Hard Cap - Monthly (Max Amount District is Allowed by State to Contribute)						
Employee	\$661.84		\$661.84		\$661.84	
Two Person	\$1,384.12		\$1,384.12		\$1,384.12	
Family	\$1,805.03		\$1,805.03		\$1,805.03	

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 ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}
Coverage Type		
Type A: Preventive (cleanings, exams)	80%	80%
Type B: Basic Restorative (xrays, fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	80%	80%
Type D: Orthodontia	60%	60%
Annual Maximum Benefit		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum		
Per Person ^{***}	\$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.

¹"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.

²Negotiated 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.

^{**}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.

^{***} 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
Type A — Preventive	
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.
Type B — Basic Restorative	
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 5 calendar years • Bitewings X-rays; one set per calendar year.
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"> • Periodontal scaling and root planing once per quadrant, 2 per calendar year. • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed

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

	four treatments in a calendar year
Type C — Major Restorative	
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 calendar years 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. Minimum age 16
Implants	<ul style="list-style-type: none"> Replacement once every 5 calendar years Repairs once every 12 months, minimum age 16.
Type D — Orthodontia	
	<ul style="list-style-type: none"> Your children, up to age 26, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage

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;

Dental Insurance

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

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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 pre-treatment 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 non-payment 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.

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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.[†]

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 or call 1-800-942-0854 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, or call 1-866-PDP-NTWK for an application.^{††} 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 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 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 +1-312-356-5970 (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?

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.

[†]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.

Dental Insurance

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

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*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 ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}
Coverage Type		
Type A: Preventive (cleanings, exams)	50%	50%
Type B: Basic Restorative (fillings, extractions, X-rays)	50%	50%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Annual Maximum Benefit		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum		
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.

¹ "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.

² 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.

^{**} 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.

^{***} 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
Type A — Preventive	
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
Type B — Basic Restorative	
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 5 calendar years • Bitewings X-rays; one set per calendar year
Crowns, Inlays and Onlays	Replacement once every 5 calendar years minimum age 12
Fillings	
Simple Extractions	

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

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"> • Periodontal scaling and root planing once per quadrant, every 2 calendar years • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C — Major Restorative	
Implants	Replacement once every 5 calendar years minimum age 16
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 5 calendar years minimum age 16 • 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
Type D — Orthodontia	
	<ul style="list-style-type: none"> • Your children, up to age 26, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage

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

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

- 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 pre-treatment 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.

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

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 non-payment 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.†

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 or call 1-800-942-0854 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, or call 1-866-PDP-NTWK for an application.†† 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 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 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 +1-312-356-5970 (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.

140389 Walled Lake 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.

†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

Secretaries WITH HEALTH INSURANCE

Schedule of Vision Benefits

Walled Lake Consolidated SD Plan 2

Effective 03/01/2009

Revised 01/01/2018

Group Number# 8277

How Your Vision Care Program Works

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

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 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 **8277000002** 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:

- | | |
|---|-----------------------------------|
| ▪ \$50 Progressive Lenses Standard* | \$100 Progressive Lenses Premium* |
| ▪ \$25 Polycarbonate (Single Vision) | \$30 Polycarbonate (Multi-Focal) |
| ▪ \$10 Standard Scratch-Resistant Coating | \$55 High Index |
| ▪ \$12 Ultraviolet Coating | \$30 Blended Bifocal (Segment) |
| ▪ \$40 Standard Anti-Reflective | |

*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 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
Eye Examination:	Member Cost: 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
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
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 □ **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 NVA Vision Benefit Summary

Secretaries WITH OUT Health Insurance

Schedule of Vision Benefits

Walled Lake Consolidated SD Plan 3

Effective 03/01/2009

Revised 01/01/2018

Group Number# 8277

How Your Vision Care Program Works

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$35 (OD) Up to \$45 (MD)
Lenses Once Every Calendar Year <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Photogrey(Glass) Transition(Standard) Polarized <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Gradient/Solid Tints <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Oversized Lenses 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% Covered 100% Covered 100% Covered 100% 	<ul style="list-style-type: none"> Up to \$38 Up to \$60 Up to \$72 Up to \$108 <ul style="list-style-type: none"> N/A N/A Up to \$18 Up to \$30 Up to \$38 Up to \$30 Up to \$4 Up to \$10 Up to \$12 Up to \$10 <ul style="list-style-type: none"> N/A
Frame Once Every Calendar Year	Retail Allowance <ul style="list-style-type: none"> Up to \$65 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$55
Contact Lenses Once Every Calendar Year	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$115 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% Covered 100% Covered 100% after \$20 copay 	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$115 Up to \$20 Up to \$30 Up to \$30
Elective Contact Lenses Fit/Follow-Up Standard Daily Wear Standard Extended Wear Specialty Wear	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$200
Medically Necessary***	<ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$200

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 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.

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**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:

- | | |
|---|-------------------------------------|
| ▪ \$50 Progressive Lenses Standard* | ▪ \$100 Progressive Lenses Premium* |
| ▪ \$25 Polycarbonate (Single Vision) | ▪ \$30 Polycarbonate (Multi-Focal) |
| ▪ \$10 Standard Scratch-Resistant Coating | ▪ \$55 High Index |
| ▪ \$12 Ultraviolet Coating | ▪ \$30 Blended Bifocal (Segment) |
| ▪ \$40 Standard Anti-Reflective | |

*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 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
Eye Examination:	Member Cost: 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
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
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 □ 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



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



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



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



Book your appointment.

enroll.americanfidelity.com/FFBF6A54

**AMERICAN
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.

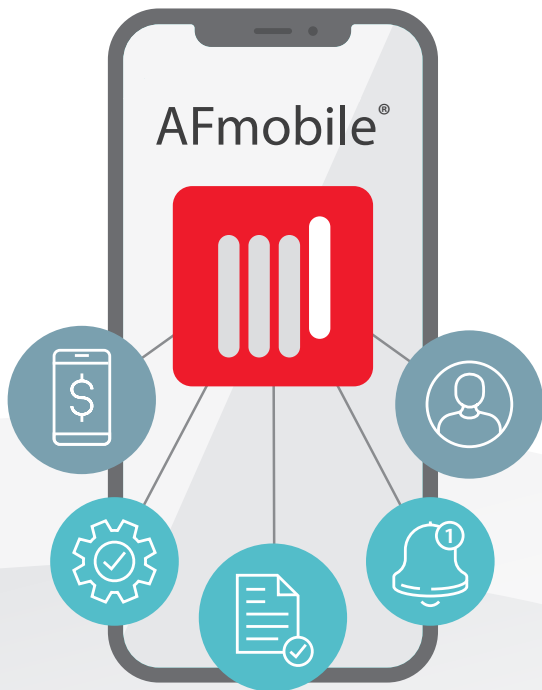
Learn more: americanfidelity.com/life



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.

americanfidelity.com/videos



24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.

-  **View** account balances
-  **Manage** claims and reimbursements
-  **Submit** documentation
-  **Receive** alerts
-  **Maintain** personal information

Get Started: Register online at americanfidelity.com/register

Download AFmobile at americanfidelity.com/afmobile



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.



Group Online Enrollment Instructions

It takes just four easy steps to enroll in a Health Savings Account (HSA) using HSA Bank's Group Online Enrollment system. Simply use any computer, any time and follow these instructions.



Step 1: Type or copy and paste this customized link into your Internet browser/address bar:

https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=386003049

You will be taken to an enrollment page created specifically for your group. Click on "Begin Online Enrollment" to get started.

Step 2: Complete the online enrollment application. You will need to supply the following information:

- First and Last Name
- Street Address (P.O. boxes not accepted)
- Date of Birth
- Citizenship Status
- Type of Health Plan Coverage
- Deductible Amount
- Social Security Number
- Home and/or Business Phone
- Email address
- Employer Information
- Effective Date of your Health Plan

You will also be able to order checks and up to two complimentary Visa® debit cards, one for yourself and one for your Authorized Signer (a person you authorize to act in your place with respect to your account), if you choose to designate one. If you wish to designate more than one Authorized Signer, there will be a fee for each additional debit card beyond the two complimentary ones (see your Health Savings Account Fee and Interest Schedule for details). In order to add an Authorized Signer, you will need to provide his or her:

- First and Last Name
- Phone Number
- Social Security Number
- Street Address
- Date of Birth

You can also sign up for online banking via our Member Website. With the Member Website, you have 24/7 access to view account details, change your address, and sign up for email notifications; you can also opt to receive the following items electronically: statements, tax forms, and bank disclosures and notices.

Identity Verification

Note: In order to comply with the Customer Identification Program (CIP), regulation 31 CFR 103.121, and section 326 of the USA PATRIOT Act, we must gather information for identity verification. This means that when you open an account, we will need you to provide the information as noted above for you and your Authorized Signer (should you choose to designate one). If your identity or the identity of your Authorized Signer is not verified by our automated process, you will receive a letter from us requesting additional information.

Step 3: Your account will open in conjunction with the effective date supplied in the enrollment.

Step 4: Once you have completed your enrollment, your debit card(s) and welcome kit will be mailed to the address you provided and should arrive within 7-10 business days.

For assistance, please contact the Client Assistance Center:



800-357-6246

Monday – Friday, 7 a.m. – 9 p.m., and Saturday, 9 a.m. - 1:00 p.m., CT
www.hsabank.com | 605 N. 8th Street, Ste. 320, Sheboygan, WI 53081

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hsabank[®]
own your health[™]

GETTING STARTED

Welcome Kit

A welcome kit is a valuable starter package containing important information to get you started. It contains a welcome letter, account information, and important disclosures. It will arrive approximately 7-10 business days after enrollment processing is completed.

Debit Card Package

A debit card will be mailed in a separate package and arrive approximately 10-14 days after enrollment processing.

Starting your Per Pay Contributions

Visit <https://www.wlcsd.org/staff-portal-2/quick-forms> and scroll down to changes in pay. This is where you will find the most up to date HSA Contribution form.



Health Savings Accounts

Maximize your savings

A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

How an HSA works:

- Contribute to your HSA by payroll deduction, online banking transfer or personal check.
- Pay for qualified medical expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
- Use your HSA Bank Health Benefits Debit Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your money — for life.
- Invest your HSA funds and potentially grow your savings.¹

What's covered?

You can use your HSA funds to pay for any IRS-qualified medical expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit hsabank.com/QME for a full list.

Am I eligible for an HSA?

You're most likely eligible to open an HSA if:

- You have a qualified high-deductible health plan (HDHP).
- You're not covered by any other non-HSA-compatible health plan, like Medicare Parts A and B.
- You're not covered by TriCare.
- No one (other than your spouse) claims you as a dependent on their tax return.

How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.²

2025		2026				
	 SINGLE PLAN	 FAMILY PLAN			 SINGLE PLAN	 FAMILY PLAN
Maximum contribution limit	\$4,300	\$8,300	Maximum contribution limit	\$4,400	\$8,750	

Catch-up contributions

You may be eligible to make a \$1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

Triple tax savings


A huge way that HSAs can benefit you is they let you save on taxes in three ways.

- 1** You don't pay federal taxes on contributions to your HSA.³
- 2** Earnings from interest and investments are tax-free.
- 3** Distributions are tax free when used for qualified medical expenses.

¹ Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

² HSA contributions in excess of IRS limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the tax filing deadline as explained in IRS Publication 969.

³ Federal tax savings are available regardless of your state. State tax laws may vary. Consult a tax professional for more information.

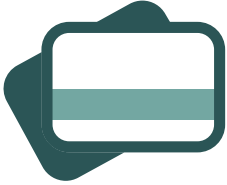
 Visit **hsabank.com** or call the number on the back of your debit card for more information.



IRS Contribution Guidelines

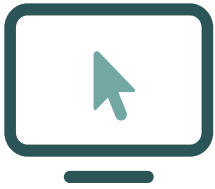
Employees can contribute a maximum amount to the HSA based on IRS limits. This maximum amount includes any contributions from employers or other sources. Visit hsabank.com/irs-guidelines for the current contribution limits.

MEMBER FEATURES AND RESOURCES PROVIDED WITH THE HSA BANK HEALTH SAVINGS ACCOUNT



Health Benefits Debit Cards

Employees can use their HSA debit card to pay for IRS-qualified medical expenses at the doctor, hospital, pharmacy, dentist, etc., or they can choose to pay out of pocket and reimburse themselves later by using an ATM or online banking transfer.



HSA Bank Member Website

myHealth PortfolioSM: Your employees will have a self-service, online dashboard that gives them the complete picture of their health account. The dashboard allows employees to:

- Store health expense data and receipts.
- File claims or distribution requests.
- Initiate a provider payment.
- Consolidate health expenses and claims from multiple insurance providers.
- View healthcare expenses by type (pharmacy or medical), payment status, recipient of the healthcare expense and merchant/provider.

Online Transfers: Employees can use the Member Website to initiate payments to providers, reimburse themselves for out-of-pocket expenses, or make a post-tax contribution to their HSA. These options are also available through HSA Bank's mobile app.

Other Key Features: Employees can access statements, tax forms, and a variety of educational resources on the Member Website. They can also sign up for account-specific alerts and notifications.



The HSA Invest program

HSA Invest offers employees a seamless experience to manage their saving, spending and investing on one website and one app. Three investment options — Choice, Select and Managed — give employees thoughtfully chosen securities that are aligned to HSAs and relevant to individual financial objectives. And employees are able to enroll in more than one option.

- Choice offers a simplified brokerage experience with a large range of stocks, mutual funds, exchange-traded funds (ETFs) and more. This option is ideal for experienced investors who may not need guidance from a professional.
- Select offers a recommended list of mutual funds, specific to the investor's unique risk tolerance and investment objectives. All funds are selected by an SEC-registered investment advisor (RIA), organized by asset class, and aligned to your investment profile. This option gives employees guidance and the opportunity to make the financial decision about their investments and allocations.
- Managed offers an even higher level of personalization, where the RIA actively manages the investments on the investor's behalf.

Annual asset-based fees may be applied on a quarterly basis and deducted from the investment balance. Fees are waived when a minimum is maintained in the HSA cash balance. Employees can view exact fees on the Member Website.

A minimum HSA cash balance may be required to invest. Only funds above this minimum may be invested.

The HSA Invest program is administered by DriveWealth, LLC, a FINRA registered broker dealer. LeafHouse Financial Advisors, LLC is a registered investment advisor with the U.S. Securities and Exchange Commission that selects and manages the investments. Registration does not imply a certain level of skill or training. More information about LeafHouse Financial Advisors, LLC, including investment strategies, fees and objectives, can be found in the ADV Part 2A, which is available on the Member Website.

HSA Bank, DriveWealth, LLC and LeafHouse Financial Advisors, LLC are not affiliated and not responsible for the products and services provided by the other. Neither HSA Bank nor DriveWealth can provide investment advice to investors. Past performance is not indicative of future results. All investments involve risk, including loss of principal, and there is no guarantee that investment objectives will be met. The ability to replace investment losses may be limited by the annual HSA contribution limits.

SECURITIES AND INVESTMENTS

Not Insured by FDIC or Any Other Government Agency	Not Bank Guaranteed	Not Bank Deposits or Obligations	May lose value
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Mobile Application

The HSA Bank app makes managing health accounts easy with real-time access to important account information. The mobile app can be used to:

- Check available account balances and view transaction details.
- Track expenses.
- Make a distribution or contribution.

Please refer to the Online Services Agreement for further details regarding HSA Bank mobile banking services.



24/7 Customer Service

Employees can call our Client Assistance Center 24/7 using the number on the back of their card or reach us by email at askus@hsabank.com.

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.

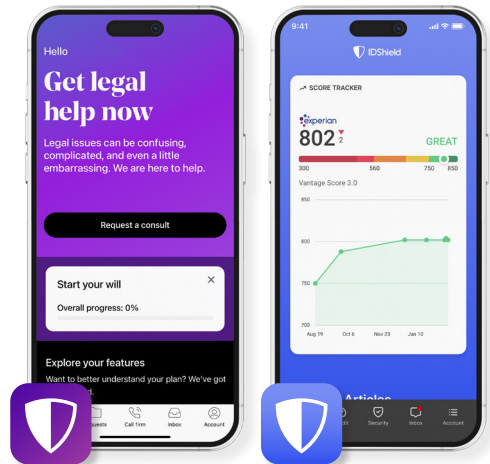
LegalShield

- ✓ 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.**



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

For more information, visit: shieldbenefits.com/walledlakedcsd



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 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

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

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.



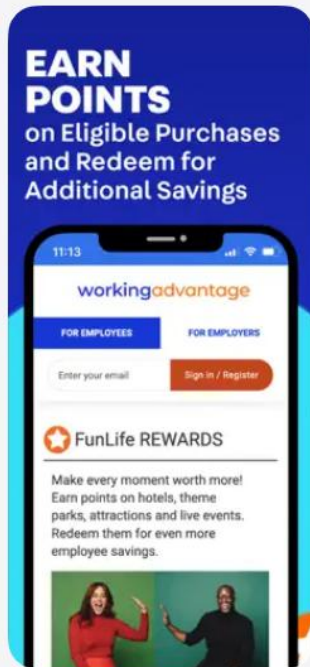
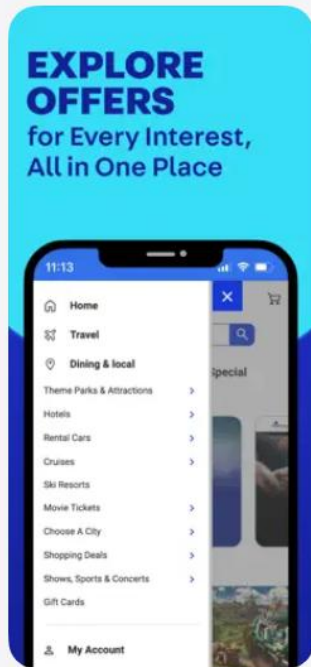
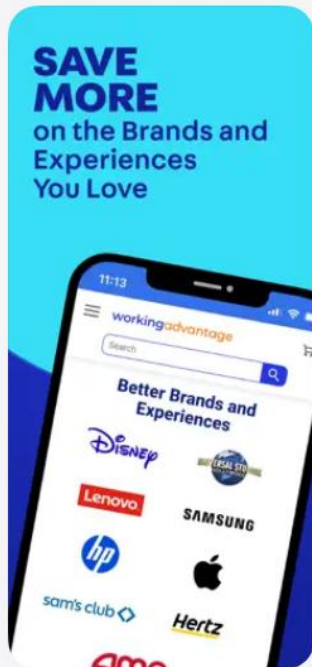
working advantage

NEW MOBILE APP!

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



Available on Apple devices only!



Not a member yet? ENROLL FREE!

1. Scan the QR Code or visit www.workingadvantage.com
2. Sign up with your preferred email
3. Verify with company code: 133785603





Nationwide[®] My Pet Protection ChoiceSM

PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, 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.¹

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	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	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	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 ² and one additional test ³			✓



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



Nationwide[®]



What makes My Pet Protection ChoiceSM different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance,⁴ 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[®]

24/7 pet telehealth support

All Nationwide[®] pet insurance members enjoy unlimited access to VetHelpline[®] for round-the-clock telehealth with licensed veterinary professionals.

petco veterinary services

Save on veterinary care

Nationwide[®] pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

Nationwide PetRxExpress[®]

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress[®].

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.



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[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.

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1

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3

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The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.



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