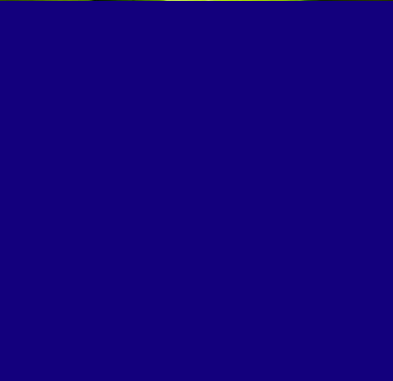
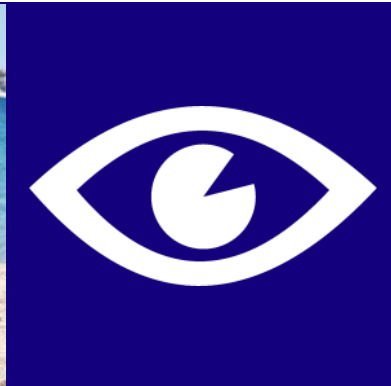


2020 Benefits Enrollment Guide



LINCOLNVIEW LOCAL SCHOOLS
Home of the Lancers

Welcome to your 2020 Benefit Enrollment!

Lincolnview Local Schools maintains a comprehensive and competitive benefits program for our employees and their families; this ensures that we attract and retain the people needed to carry out our mission. The plans will run from January 1 - December 31, 2020.

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Important Notice

American Fidelity will no longer be offered through payroll deduction. Comparable benefits will be offered by Trustmark, One America, and Aetna Life for the Accident, Critical Health Events, Universal Life with Long Term Care benefits, Term Life and Disability. These products have a Guarantee Issue for election effective 1/1/20. If you would like to keep your current policy with American Fidelity, you may do so via a direct bill.

Introduction

Enrollment

Lincolnview Local Schools would like for employees to take advantage of the benefits we offer. Employees can do so by enrolling as a new hire or on a yearly basis during our annual open enrollment.

Selecting a Plan

Lincolnview Local Schools' goal is to offer a variety of benefits that deliver quality care at affordable prices depending on the varying needs of each employee.

Qualifying Life Event

General Rule: Unless one of the following Qualifying Life Events summarized below applies, no benefit elections can be changed until the following year's open enrollment.

- A change in your legal marital status (marriage, divorce, death of a spouse)
- A change in the number of dependents (birth, adoption, death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a leave of absence, change from full-time to part-time, or vice-versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- Loss of other coverage

If you experience a Qualifying Life Event and wish to make changes to your current benefit elections, you must login to EMB Enroll and make changes **within 30 days of the event**.

Please Note: Additional documentation may be requested as proof of the Qualifying Life Event (such as; a marriage certificate, birth certificate, proof of loss of coverage, etc.)



Enrolling in Benefits

Who is Eligible?

Any regularly contracted employee working the required minimum hours per week as determined by their employment classification is eligible to participate in Lincolnview Local Schools Medical, Dental, Term Life and Voluntary Term Life Insurance plan. For Trustmark voluntary products, employees must be contracted to work a minimum of 15 hours per week. For Long Term Disability through One America, employees must be contracted to work a minimum of 20 hours per week.

New Hire Waiting Period

Each new hire has 30 days after their first day of work to login to EMB Enroll and enroll in Lincolnview Local Schools Benefit Plans. The benefits will become effective on the first day of work.

Dependents

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible for coverage:

1. The Covered Employee's Spouse. However, a working spouse who is eligible for their employer's plan or employer sponsored retirement plan (SERS, STRS, PERS, GM, Ford, etc.) is not eligible for Medical coverage.
2. The Covered Employee's natural, newborn, adopted, foster or step child(ren) (or a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian).

Medical and Dental - Dependent children **up to age 26** regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the last day of the month in which the child turns 26.

Voluntary Term Life - Unmarried dependent children **14 days to age 19 (to age 25 if a full-time student)**.



Open Enrollment

- ALL Employees must make a benefit election during Open Enrollment.
- The benefits you elect during Open Enrollment will be effective January 1st.
- Open Enrollment is the one time per year that you can make changes to your benefits without a qualifying life event.
- For more information about Open Enrollment and Schedules, watch benefit videos and review important forms and documents, go to www.explainmybenefits.com/lls.

MANDATORY Open Enrollment October 28 - October 31

STEP 1- Review Your Benefits

Visit our new benefits website to review your benefit guide, important documents and watch benefit education videos.

www.explainmybenefits.com/lls

STEP 2– Enroll with Explain My Benefits

Enrollment

Meetings

Oct. 28 - Oct. 31

All benefit eligible employees must enroll with Explain My Benefits in order to receive benefits for the new plan year effective January 1st.

Visit the link above to schedule your enrollment meeting date and time.

Enrollment Details

- ✓ You will meet with a benefits counselor in a confidential setting. This is your opportunity to ask questions and learn about any changes. You will confirm your elections during this meeting.
- ✓ Most meetings will last 10 - 30 minutes.
- ✓ You will confirm all data entered in the new enrollment system is accurate to include demographic, elections and beneficiary information.
- ✓ Please bring SSN and dates of birth for all covered dependents. You will not be able to add dependents to your benefits without this information.
- ✓ **Bring Your Cell Phone!** You will be introduced to our new Benefit Mobile App, assistance with downloading this APP is also available, changing the way benefits are communicated!

Mobile App

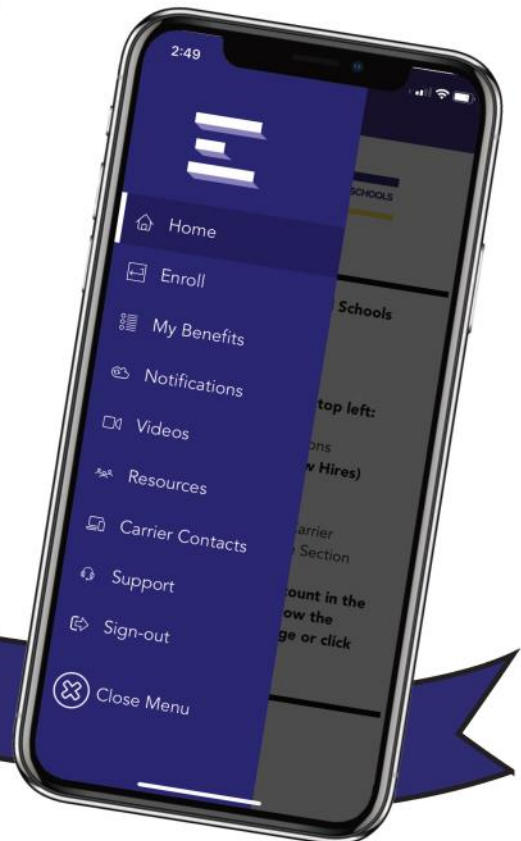


NEW! BENEFITS ENROLLMENT APP

Lincolnview Local Schools has provided you a brand new app to manage your benefits that allows you to:

- ✓ **Enroll in your benefits from your phone**
- ✓ **View your current benefits**
- ✓ **Watch benefit education videos, review benefit guides and plan summaries**
- ✓ **Receive important message notifications about your benefits**

Benefits at your fingertips!



TO DOWNLOAD:

1. Text emb to 71441
2. Download by clicking the link for ios or android
3. Enter company code: **lls**



LINCOLNVIEW LOCAL SCHOOLS
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Medical

Lincolnview Local Schools continuously strives to offer affordable benefits that meet the needs of our employees. In doing so, Lincolnview Local Schools offers two Medical Insurance Plans through Anthem for employees to choose from: HDHP and PPO.

Benefits	HDHP Plan	PPO Plan
Deductible and Out-of-Pocket Maximum - Accumulators	Aggregate	Embedded
Co-Insurance <ul style="list-style-type: none"> In-Network Out-of-Network 	0% 30%	20% 40%
Calendar Year Deductible <ul style="list-style-type: none"> In-Network (Individual/Family) Out-of-Network (Individual/Family) 	\$2,250 / \$4,500 \$4,500 / \$9,000	\$1,500 / \$3,000 \$3,000 / \$6,000
Out-of-Pocket Maximum (Deductible included) <ul style="list-style-type: none"> In-Network (Individual/Family) Out-of-Network (Individual/Family) 	\$3,250 / \$6,500 \$6,500 / \$13,000	\$2,500 / \$5,000 \$5,000 / \$10,000
Primary Care Office Visit Copay <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 30%	\$20 Copay Deductible + 40%
Specialist Office Visit Copay <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 30%	\$40 Copay Deductible + 40%
Preventative Services <ul style="list-style-type: none"> In-Network Out-of-Network 	No Cost Share Deductible + 30%	No Cost Share Deductible + 40%
Hospital Services (Inpatient) <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 30%	Deductible + 20% Deductible + 40%
Hospital Services (Out Patient) <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 30%	Deductible + 20% Deductible + 40%
Urgent Care <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 30%	\$50 Deductible + 40%
Emergency Room Services <ul style="list-style-type: none"> In-Network Out-of-Network 	Deductible + 0% Deductible + 0%	\$100 Copay (waived if admitted) \$100 Copay (waived if admitted)
Retail (30 day supply) In Network <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Out-of-Network	Deductible then \$10 Deductible then \$30 Deductible then \$50 Deductible then 25% to \$150 max 50% minimum \$50	\$10 Copay \$30 Copay \$50 Copay 25% to \$150 max 50% minimum \$50
Mail Order (90 day supply) In Network <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Out-of-Network Specialty medications are limited to a 30 day supply	Deductible then \$10 Deductible then \$75 Deductible then \$150 Deductible then 25% to \$150 max Not Covered	\$10 Copay \$75 Copay \$150 Copay 25% to \$150 max Not Covered

Take care of yourself

Use your preventive care benefits



Getting regular checkups and exams can help you stay healthy and catch problems early—when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below—at no cost to you.¹ As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonoscopy (as appropriate)³
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening
- Lung cancer screening for those age 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

*CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Take care of yourself

Use your preventive care benefits



Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counselling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)

Immunizations:

- Chicken pox
- Flu
- Haemophilus influenzae type b (Hib)
- HPV
- Meningitis

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan Pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items—age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Child preventive drugs and other pharmacy items—age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 6 months to 16 years old

Women's preventive drugs and other pharmacy items—age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides^{6,8,9}
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria³

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at anthem.com/pharmacyinformation.

¹ The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your **Certificate of Coverage** or call the Member Services number on your ID card.

² Some plans cover additional vision services. Please see your contract or **Certificate of Coverage** for details.

³ You may be required to get preapproval for these services.

⁴ Check your medical policy for details.

⁵ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁶ This benefit also applies to those younger than age 19.

⁷ Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

⁸ A cost share may apply for other prescription contraceptives, base on your drug benefits.

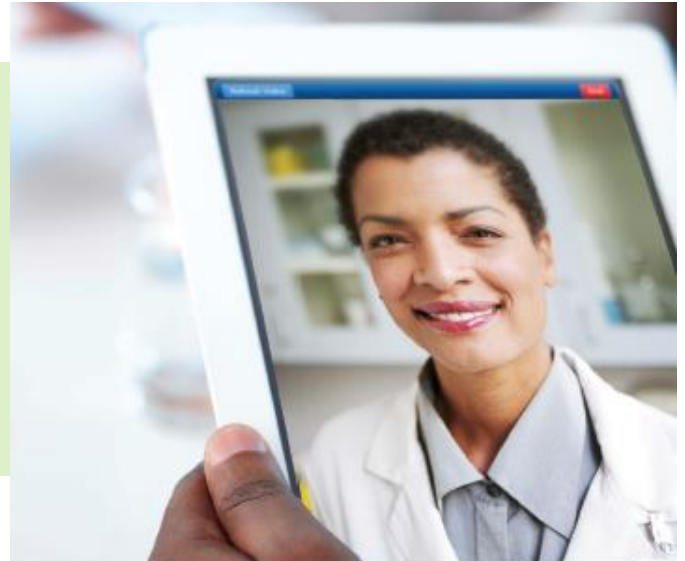
⁹ Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

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Telemedicine

LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've use it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Anthem Blue Cross and Blue Shield benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

1. **24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
2. **Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
3. **Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$59 or less per visit, depending on your health plan. Members covered on PPO Plan will pay a \$20 OV Copay.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment—when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



Telemedicine

LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

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How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit—whether it's a weekday, the weekend, evening or holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both if you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at Google Play™ or the App StoreSM.



Take a deep breath with myStrength

Your go-to for emotional well-being and peace of mind

Life gets busy. And sometimes it's hard to keep up. That's why as a part of your health care benefits you have access to myStrength, a free online and mobile program that supports emotional health and well-being.



The program's tools and resources are available to help you and your eligible dependents manage:

- Addiction
- Depression
- Anxiety
- Problems with sleep
- Chronic pain
- Stress

Think of myStrength as a private, 24/7 *health club for your mind*[™]. You can try out:



Positivity-training tools.



A daily mood tracker.



Inspirational videos, articles and quotes.



Step-by-step eLearning Programs.

It's time you felt your best again! Let myStrength help you get there. Visit [anthem.com/mystrengthOH](https://www.anthem.com/mystrengthOH) to get started today.



The health club for your mind is a trademark of myStrength, Inc.

myStrength is not a health care provider and does not provide medical advice, diagnosis or treatment. If you are currently thinking about or planning to harm yourself or someone else, please call 911, go to the nearest hospital emergency room or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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Sydney (Anthem App)



Say hi to Sydney

Anthem's new app is simple, smart—and all about you

With Sydney, you can find everything you need to know about your Anthem benefits—personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly—with one-click access to benefits info, Member Services, wellness resources and more.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

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Health Savings Account (HSA)

What is an HSA?

A health savings account (HSA) is a tax-favored savings account. Money in the savings account helps pay your deductibles, coinsurance and out of pocket expenses. Once the deductible is met, the plan starts paying. Money left in the savings account may earn interest and is yours to keep. The HSA is administered by FlexBank.



HSAs have many benefits:

- The money you put in your HSA account is pre-tax and tax deductible.
- You don't pay taxes on withdrawals when paying for qualified medical expenses.
- **YOUR HSA** balance can be carried over year after year.
- You own the savings account and you decide when to use the funds in it to pay for qualified medical expenses!
- **Lincolnview Local Schools** will make a contribution to your Health Savings Account based on your contract.

Maximum Annual HSA Contributions (total of employer and employee contributions):

Individual - \$3,550 Family - \$7,100

If you are 55 years or older, you may contribute an additional \$1,000 annually

If you answer YES to any of the following questions, you are NOT eligible to open or fund a Health Savings Account:

1. In 2020, will you be covered by another non-qualified medical plan such as a PPO, Medicare or Tricare?
2. In 2020, will you or a spouse participate in a *General Purpose* Flexible Spending Account?
3. In 2020, will you be enrolled in either Medicare Part A, Part B, Part C or Part D?
4. In 2020, if you are under age 26, will you be claimed as a dependent on your parents tax return, or covered under your parents health insurance plan?

Dental

Dental care is an important part of total health care. Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health! Choose a participating dentist and you'll make the most of your plan. Go to www.anthem.com to find a participating dentist.



Benefits	In-Network	Out-of-Network
Annual Benefit Max (Calendar Year) <ul style="list-style-type: none"> Per Insured Person 	\$1,500	\$1,500
Orthodontic Lifetime Benefit Max <ul style="list-style-type: none"> Per Eligible Insured Person 	\$1,500	\$1,500
Annual Deductible (Calendar Year) (Does not apply to Orthodontic Services) <ul style="list-style-type: none"> Per Insured Person / Family maximum Waived for Diagnostic/Preventive 	\$25 / \$50 Yes	\$25 / \$50 Yes
Diagnostic and Preventive Services <ul style="list-style-type: none"> Periodic oral exam Teeth cleaning Fluoride treatments to age 19 (2 per 12 months) Bitewing X-rays (1 per 12 months) Intraoral X-rays 	100%	100%
Basic Services <ul style="list-style-type: none"> Amalgam filling Composite filling (anterior and posterior teeth) Simple Extractions Endodontics (Root Canal) Periodontics (Scaling and root planning) Oral Surgery (Surgical Extractions) 	80%	80%
Major Services <ul style="list-style-type: none"> Crowns Dentures Bridges Dental Implants (Standard-Covered) Prosthetic Repairs/Adjustments 	60%	60%
Orthodontic Services <ul style="list-style-type: none"> Dependent Children Only* 	60%	60%

*Child orthodontic coverage begins at age 8 and runs through age 19.

Flexible Spending Accounts

Benefits of an FSA

Medical and dependent care costs can pile up. You already know that. But did you know there's an opportunity to save on those expenses by taking advantage of pre-tax benefits?

A Flexible Spending Account (FSA) lets you budget and save for qualified medical and dependent care expenses. Your FSA funds are put aside before taxes, which means more money in your pocket.

	General Purpose FSA	Limited Purpose FSA	Dependent Care FSA
Who is Eligible?	Lincolnview Local Schools employees who enroll in the PPO or who waive medical coverage.	Lincolnview Local Schools employees who are enrolled in the HDHP Plan and who have an HSA.	Lincolnview Local Schools employees with a qualifying dependent.
Maximum Annual Contribution	\$2,500 per employer	\$2,500 per employer	\$5,000 per family
Sample of Qualified Expenses	<ul style="list-style-type: none"> • Medical Co-pays/Deductibles • Prescriptions • Dental Work • Vision Exams • Eyeglasses • Lasik • Chiropractic Care • Contact Lenses & Supplies 	<ul style="list-style-type: none"> • Dental & Vision Expenses Only • Dental Work • Vision Exams • Eyeglasses • Lasik • Contact Lenses & Supplies 	<ul style="list-style-type: none"> • Babysitters • Daycare Centers • Elder Care • Day Camps • Preschool • After-School Care <p><i>Eligible dependents are children up to age 13 and/or elder dependents (i.e. aging parents) that live in your home. Also covers a spouse or dependent who is physically or mentally challenged and for whom you claim an exemption.</i></p>

Basic Life & AD&D Insurance

Life Insurance at no cost to you!

You will automatically be enrolled in the Basic Life and AD&D Insurance Plan offered by **Aetna Life**. Depending on your job classification, Lincolnview Local Schools will pay the full cost of this coverage for you!

What is Basic Life?

In the event of your death, Basic Life Insurance helps provide financial protection for your loved ones at no cost to you.

Your benefit is based on your contract. If you feel like you need additional life insurance protection, you have the opportunity to purchase more for yourself, your spouse and your child(ren).

Accidental Death & Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) insurance provides an additional equal benefit for a covered accidental bodily injury that directly causes dismemberment (loss of a hand, foot or eye).

In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable

Age Reduction (Basic Life & AD&D)

Benefits will reduce:

- To 67% at age 70; and
- To 50% at age 75

Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. Some people want to use a death benefit to protect their loved ones, and other people look at it as more of a financial transaction. When you designate beneficiaries, you have the final say over who receives your death benefit. If you do not choose one, your state's laws determine who gets the benefit.



Trustmark Voluntary Benefits

These benefits were previously offered through American Fidelity.

What are Voluntary Benefits?

The Trustmark Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- *Cash benefits are paid directly to you, not to a hospital or a doctor*
- *Benefits are paid regardless of any other coverage you may have*
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills



The Accident, Critical Health Events, Short-Term Disability and Universal Life plans are being offered through Trustmark.

Accident Plan



A plan, through Trustmark, that helps pay for the unexpected expenses that result from an accident.

On and Off the Job Coverage

Family coverage available
Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Accident Follow-up Treatment - \$100
- Health Screening Benefit - \$100 per insured per year

See brochure for a complete list of benefits.

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Semi-Monthly Deductions	\$8.59	\$12.87	\$16.30	\$20.58

Critical Health Events










Critical Illness coverage focuses on cancer, stroke and heart attack, to help cover medical and non-medical expenses. Pays partial benefit for early identification, full benefits for late-stage diagnosis. Early diagnosis benefit can provide funds to help prevent conditions from worsening. **Replenishing benefit amount fully restores each calendar year with no lifetime maximum.** Critical Health Events is offered by Trustmark.



Guaranteed Issue at Initial Offering
\$25,000 Employee / \$12,500 Spouse / \$2,500 Children

How the Product Works:

The product offers benefits for the entire scope of an illness—not one and done.

10% Benefit	50% Benefit	100% Benefit
 Cancer <ul style="list-style-type: none"> Invasive basal/squamous cell skin cancer In situ cancer Benign brain, spinal cord and cranial nerve tumors Myelodysplastic syndrome 	 Cancer <ul style="list-style-type: none"> Stage 1 melanoma Stage 1 or 2 cancers, no lymph node involvement 	 Cancer <ul style="list-style-type: none"> Stage 3 or higher Stage 2 involving lymph nodes Melanoma stage 2 or higher Stage 1 or higher: pancreas, esophagus, leukemia, lung, liver, biliary tract, head and neck, lymphoma, multiple myeloma
 Coronary Artery disease <ul style="list-style-type: none"> Initial diagnosis after a non-invasive assessment and recommended treatment 	 Coronary Artery Disease <ul style="list-style-type: none"> Coronary artery obstruction Heart attack when clinically diagnosed 	 Coronary Artery Disease <ul style="list-style-type: none"> Heart Attack
 Cerebral Vascular Disease “mini-stroke” <ul style="list-style-type: none"> Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND) 	 Cerebral Vascular Disease <ul style="list-style-type: none"> Stroke with less than 30 days impairment Stroke when clinically diagnosed 	 Cerebral Vascular Disease <ul style="list-style-type: none"> Stroke with at least 30 days impairment

Most plans **DON'T** cover these conditions.

A **Healthy Living Benefit** is included and pays \$50 for each insured. Each covered person will get one routine test and one follow-up diagnostic test, providing support for early detection and prevention.

Examples of Routine Screenings:

- Mammography
- EKG/ECG
- HPV Vaccination
- CA125 Blood Test
- Pap Smear
- Colonoscopy
- Prostate Specific Antigen
- Skin Cancer Screening

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See the benefit resource website for full rates and brochures. **Your specific rate will be calculated for you in the electronic enrollment system.**

SAMPLE Semi-Monthly Rates						
Age Band	Non-Tobacco			Tobacco		
	\$10,000	\$20,000	\$25,000	\$10,000	\$20,000	\$25,000
31-35	\$7.43	\$11.51	\$13.56	\$13.31	\$23.29	\$28.28
41-45	\$10.51	\$17.70	\$21.28	\$21.47	\$39.61	\$48.66
51-55	\$15.23	\$27.15	\$33.09	\$33.32	\$63.31	\$78.30



Universal Life

Trustmark Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs through your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care, never reduces and is 4% of the original death benefit per month for up to 25 months.
- If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.
- Coverage is available for spouse as well.

**Guaranteed Issue at Initial Offering
\$100,000 Employee Only**

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See the benefit resource website for full rates and brochures. **Your specific rate will be calculated for you in the electronic enrollment system.**

SAMPLE Semi-Monthly Rates

Age	Non-Tobacco				Tobacco			
	\$25,000	\$50,000	\$75,000	\$100,000	\$25,000	\$50,000	\$75,000	\$100,000
35	\$8.88	\$16.01	\$23.14	\$30.27	\$12.03	\$22.32	\$32.61	\$42.88
45	\$14.04	\$26.26	\$38.50	\$50.72	\$20.87	\$39.91	\$58.98	\$78.02
55	\$23.10	\$44.40	\$65.69	\$86.99	\$39.28	\$76.74	\$114.23	\$151.69

Voluntary Life Insurance

Lincolnview Local Schools employees have the option to enroll in Voluntary Life Insurance through **Aetna Life**. You can elect Voluntary Life coverage for yourself, your spouse and/or your child(ren). **Note:** You must enroll in Voluntary Life coverage in order to enroll your spouse and/or child(ren).

How much can I get?

Employee:

You may purchase in \$10,000 increments up to a maximum of \$300,000.

Spouse:

You may purchase for your spouse no more than 50% of your elected amount in \$5,000 increments up to \$150,000.

Child(ren):

This benefit is \$5,000 for children age 14 days to 19 years (25 years if a full time student).

The cost is \$0.18 per month.

Guarantee Issue if enrolling effective 1/1/20 or as a new hire

Employee - \$100,000

Spouse - \$20,000

Child(ren) - \$5,000

Age Reduction (Basic Life & AD&D)

Benefits will reduce:

- To 67% at age 70; and
- To 50% at age 75

Employee & Spouse* Monthly Rates			
Age	Rate per \$1,000	Age	Rate Per \$1,000
<19	\$0.033	50-54	\$0.197
20-24	\$0.023	55-59	\$0.332
25-29	\$0.026	60-64	\$0.345
30-34	\$0.038	65-69	\$0.601
35-39	\$0.060	70-74	\$1.304
40-44	\$0.077	75+	\$1.881
45-49	\$0.123		

*Spouse rates based on employee's age

Example: A 36 year old wants to purchase \$50,000 of term life insurance.

.060	X	50	=	\$3.00
Rate per \$1,000		# of units/\$1,000		Monthly Premium

Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. Some people want to use a death benefit to protect their loved ones, and other people look at it as more of a financial transaction. When you designate beneficiaries, you have the final say over who receives your death benefit. If you do not choose one, your state's laws determine who gets the benefit.



Short Term Disability

This benefit was previously offered through American Fidelity.



What is Short Term Disability?

Short Term Disability coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. Short Term Disability coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below. The Short Term Disability Plan is offered by Trustmark.

Guaranteed Issue at Initial Offering Up to \$3,500 monthly benefit

There are two elimination periods available to you, both with a 6 month benefit period:

Option 1

7 day elimination period, 6 month benefit period

Option 2

14 day elimination period, 6 month benefit period

Monthly Benefit: You may elect up to 60% of your monthly earnings to a maximum benefit of \$3,500.

Rates: See the benefit resource website for full rates and brochures. **Your specific rate will be calculated for you in the electronic enrollment system.**

SAMPLE Semi-Monthly Rates

Monthly Benefit	7 day elimination period, 6 month benefit period				14 day elimination period, 6 month benefit period			
	\$2,200	\$2,400	\$3,000	\$3,400	\$2,200	\$2,400	\$3,000	\$3,400
18-49	\$32.59	\$35.56	\$44.44	\$50.38	\$20.19	\$22.04	\$27.54	\$31.22
50-59	\$38.70	\$42.23	\$52.78	\$59.80	\$25.20	\$27.47	\$34.34	\$38.94
60-70	\$46.26	\$50.46	\$63.07	\$71.48	\$30.10	\$32.83	\$41.04	\$46.50

Long Term Disability

This benefit was previously offered through American Fidelity.

What is Long Term Disability?

Long Term Disability Insurance helps safeguard your financial security by replacing a portion of your income while you are unable to work. LTD benefits are intended to protect your income for a long duration after you have depleted short-term disability or available paid time off. LTD will take effect if your accident or illness prevents you from returning to work beyond your Short Term Disability period or 180 days. The Long Term Disability Plan is offered by OneAmerica.

Guaranteed Issue
Up to \$5,000 monthly benefit



	Option 1	Option 2	Option 3
Elimination Period	180 days	180 days	180 days
Benefit Period	SSFRA	SSFRA	SSFRA
Benefit Percentage	40%	30%	20%

Monthly Premium Factor			
Age	Rate per \$100	Age	Rate Per \$100
<30	\$0.270	50-54	\$1.920
30-34	\$0.420	55-59	\$2.450
35-39	\$0.700	60-64	\$2.050
40-44	\$1.060	64-69	\$1.610
45-49	\$1.490	70+	\$1.390

Example: A 36 year old with an annual salary of \$30,000 wants to purchase Long Term Disability and elects

2,500	X	.40	=	1,000	/	100	=	10	X	0.700	=	\$7.00
Monthly Salary		Benefit %								Rate per \$100		Monthly Premium

Pre-Existing Conditions: A sickness or physical condition for which an insured received treatment or medical advice, or had taken medicine within 3 months before the effective date will not be covered for the first 12 months of the policy. [Waived for current American Fidelity Policyholders.](#)

Rates: Your specific rate will be calculated for you in the electronic enrollment system.

Important Contacts

Vendor	Phone	Website
Medical Anthem	833-639-1634	www.anthem.com
Dental Anthem	877-604-2156	www.anthem.com
HSA & Flexible Spending Accounts Flexbank	888-677-8373	www.flexbank.net
Voluntary Benefits Trustmark (Accident, Critical Health Events, Universal Life, STD) OneAmerica (LTD)	800-918-8877 800-553-5318	www.trustmarksolutions.com www.employeebenefits.aul.com
Trustmark & OneAmerica Claims Assistance Explain My Benefits	888-734-6937, Option 2	service@explainmybenefits.com



Benefit Guide Description

This summary of benefits is not intended to be a complete description of Lincolnview Local Schools' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Lincolnview Local Schools maintains its benefit plans on an ongoing basis, Lincolnview Local Schools reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.