



2025 Open Enrollment

oswald[®]

A **UNISON** RISK ADVISORS Company

Good News! Your Plans Will Remain the Same!

- 1 Medical insurance coverage will remain with MMO with 4 plan options
- 2 Dental insurance coverage will remain with Delta Dental with 2 plan options
- 3 Vision insurance coverage will remain with MMO providing access to the EyeMed Network
- 4 Accident Insurance, Critical Illness, Hospital Indemnity, and Universal Life options will remain with Washington National
- 5 Flexible Spending Accounts (FSA) and Dependent Care Accounts (DCA) will remain with P&A Group





Open Enrollment 5/15 – 5/27

Open Enrollment happens once per year & is the only time you can make changes to your plans without a Qualifying Event. If you do experience a Qualifying Event during the year, be sure to notify the Benefits Office within 30 days.

Choose wisely & be sure you don't miss the deadline!

2025 Medical Plans



BENEFIT HIGHLIGHTS		Lorain City Schools							
Plan Name Product/Network		\$500 PPO SuperMed Plus		\$750 PPO SuperMed Plus		\$1,750 HDHP SuperMed Plus		\$3750 PPO ACA SuperMed Plus	
BENEFIT SUMMARY		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Annual Deductible/Individual		\$500	\$1,500	\$750	\$2,000	\$1,750	\$4,000	\$3,750	\$4,000
Annual Deductible/Family		\$1,000	\$3,000	\$1,500	\$4,000	\$3,500	\$8,000	\$7,500	\$8,000
Coinsurance		10% After Deductible	40%, after Deductible	20% After Deductible	40% After Deductible	10% Afrter Deductible	40% After Deductible	30% After Deductible	50% After Deductible
Office Visit/Exam		\$25 Copay	40%, after Deductible	\$30 Copay	40% After Deductible	10% Afrter Deductible	40% After Deductible	\$50 Copay	50% After Deductible
Outpatient Specialist Visit		\$40 Copay		\$45 Copay	40% After Deductible	10% Afrter Deductible	40% After Deductible	\$100 Copay	50% After Deductible
Annual Out-of-Pocket Limit/Individual		\$6,600	Unlimited	\$6,600	Unlimited	\$6,450	\$10,000	\$6,600	\$14,000
Annual Out-of-Pocket Limit/Family		\$13,200	Unlimited	\$13,200	Unlimited	\$12,900	\$12,000	\$13,200	\$28,000
Single Out-of-Pocket (Excludes Deductible)		\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$2,250	\$10,000
Family Out-of-Pocket (Excludes Deductible)		\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000	\$4,500	\$20,000
Deductible Embedded		Yes		Yes		N/A		Yes	
Inpatient Hospital Services		10% After Dedcutible	40% After Deductible	20% After Deductible	40% After Deductible	10% Afrter Deductible	40% After Deductible	30% After Deductible	50% After Deductible
Surgical Services		10% After Dedcutible	40% After Deductible	20% After Deductible	40% After Deductible	10% Afrter Deductible	40% After Deductible	30% After Deductible	50% After Deductible
Emergency Services		\$100 Copay		\$150 Copay		10% After Deductible		\$300 Copay	
Urgent Care		\$40 Copay	40% After Deductible	\$45 Copay	40% After Deductible	10% Afrter Deductible	40% After Deductible	\$100 Copay	50% After Deductible
Prescription Drug Benefits									
Prescription Drug Deductible		N/A		N/A		N/A		N/A	
Retail									
Generic / Tier 1		\$10 Copay		\$15 Copay		N/A		\$10 Copay	
Brand (Formulary/Preferred) / Tier 2		\$25 Copay		\$30 Copay		N/A		\$50 Copay	
Brand (Non-Formulary/Non-preferred) / Tier 3		\$50 Copay		\$60 Copay		N/A		\$100 Copay	
Specialty / Tier 4		\$60 Copay		\$100 Copay		N/A		\$200 Copay	
Mail Order									
Generic / Tier 1		\$20 Copay		\$30 Copay		N/A		\$20 Copay	
Brand (Non-Formulary/Non-preferred) / Tier 3		\$100 Copay		\$60 Copay		N/A		\$100 Copay	
Brand (Non-Formulary/Non-preferred) / Tier 3		\$100 Copay		\$120 Copay		N/A		\$200 Copay	
Specialty / Tier 4		\$ 60 Copay		\$100 Copay		N/A		\$200 Copay	
Diabetic Supplies		Yes		Yes		N/A		Yes	

This is an illustration of In-Network benefits, but please note that these plans also provide coverage outside of the network. Please refer to the plan documents for details & final confirmation of coverage.

Dental & Vision

DENTAL

BENEFITS	Dental A		Dental B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	N/A	N/A	N/A	N/A
Annual Maximum	\$1,700	\$1,200	\$1,000	\$500
Preventive & Diagnostic	100%	100%	100%	100%
Basic Services	80%	60%	80%	60%
Major Services	80%	60%	80%	60%
Orthodontia	100%	100%	100%	100%
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000

- Two dental plan options
- Access to the largest network of dentists in the U.S.
- www.deltadentaloh.com



VISION

BENEFITS	VSP Full Feature	
	In-Network	Out-of-Network
Eye Exam	\$15 Copay	Up to \$39
Lenses	\$15 Copay	Up to \$30
Frames	\$0 Copay w/ \$100 allowance + 20%	Up to \$50
Contacts – Medically Necessary	\$0 Copay	Up to \$210
Contacts – Elective	\$0 Copay w/ \$100 allowance + 20%	Up to \$80
Exam Frequency	Calendar Year	
Lens Frequency	Calendar Year	
Frame Frequency	Every Other Calendar Year	

- Access to over 4,000 optometrists and ophthalmologists in the EyeMed network.
- www.medmutual.com





DID YOU KNOW?



60%

of Americans have less than \$500 set aside for an unplanned expense¹



40
Million

ER visits each year in the U.S. to treat injuries²



\$30k

The average cost of a three-day hospital stay³

Increase Your Protection With Supplemental coverage



CRITICAL
ILLNESS



ACCIDENT



HOSPITAL
INDEMNITY



UNIVERSAL
LIFE

Protect what matters most. Enroll in coverage that is **EASY** to attain, **AFFORDABLE**, with **GUARANTEED CASH** benefits!

Universal Life

- Permanent life insurance is designed to cover you and your family up to age 100
- Employee, spouse, children and grandchildren coverages are available
- Portable coverage you can keep – even if you change jobs or retire
- Cash value available on a tax-deferred basis



EASY. AFFORDABLE. GUARANTEED CASH BENEFITS.



Accident Insurance

- Pays you when someone in your family suffers from an unexpected injury
- Protects your savings and eases the financial pain
- Accident insurance **helps cover your deductible, copays/coinsurance** – spend the \$ however you want
- Fully portable at the same rate
- Pays you annually for doctors' office visits including wellness visits



\$7,500

The average cost of a broken leg today.



2 OUT OF **5** PEOPLE VISIT THE ER ANNUALLY



For less than the cost of a Latte 1x/week, purchase Accident coverage that pays **CASH** benefits

EASY. AFFORDABLE. GUARANTEED CASH BENEFITS.



Washington National pays you CASH



ACCIDENT



EXAMPLE:

Kathy's son, John, plays soccer. During a recent game, John collided with an opposing player and was knocked unconscious. He was taken to the local ER by ambulance for treatment. The ER doctor diagnosed him with a concussion and a broken leg. After thorough evaluation, John was released to his primary care physician for follow-up treatment.

- ✓ Coverage is portable & your rate will never change
- ✓ You and your eligible family members are guaranteed coverage.
- ✓ No medical exam, no hassle!
- ✓ Payment helps cover the unexpected additional costs

**EASY.
AFFORDABLE.
GUARANTEED.**

As a result of
John's accident,
Kathy got paid

\$1,850

\$550

Ambulance +
Emergency Room visit

\$200

X-Ray

\$1,000

Broken Leg

\$500

Concussion

Critical Illness

- **Provides a large, lump sum benefit** to help you bounce back when you suffer a major health event (up to \$100,000)
- Benefits paid on top of any other medical, disability or supplemental plan coverage
- **Fully portable at any age, prices are locked at age of enrollment**
Paid upon being diagnosed with any of the following:

- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Transplant
- Advanced Alzheimer's/Parkinson's
- Invasive Cancer
- Benign Brain Tumor
- Coma
- Complete Loss of Hearing, Sight or Speech
- Paralysis



EASY. AFFORDABLE. GUARANTEED CASH BENEFITS.



Hospital Indemnity

- Pays you for admission and time spent in the hospital (up to \$5,000)
- Example: Normal Delivery of a Baby

First Day Hospital Confinement = \$1,000

Recovery Day \$200

Total Payment \$1,200



EASY. AFFORDABLE. GUARANTEED CASH BENEFITS.



Washington National pays you CASH



**CRITICAL
ILLNESS**



**HOSPITAL
INDEMNITY**

EXAMPLE:

Kathy went in for her routine yearly exam & they found a lump. After further testing, Kathy was diagnosed with breast cancer. Though she has good insurance through her employer, Kathy would still have to pay her Deductible. Luckily, she has Critical Illness & Hospital Indemnity coverage that will pay her CASH.



Kathy used the payment to cover:

- ✓ Groceries
- ✓ Childcare
- ✓ Car payments
- ✓ Mortgage payment
- ✓ Travel to & from her appointments
- ✓ Lifestyle modifications

**EASY.
AFFORDABLE.
GUARANTEED.**

As a result of
Kathy's cancer
diagnosis &
treatment, she
got paid

\$11,100

\$10,000

Cancer Diagnosis

\$1,100

2-Day Hospital Admission

Flexible Spending Accounts and Dependent Care Accounts

A flexible spending Account (FSA) allows you to set aside a portion of your pretax pay to use for medical, dental, and vision costs that are not covered by insurance, or only partially covered. A Dependent Care Account (DCA) allows you to set aside a portion of your pretax pay for childcare/elder care expenses. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA or DCA.

Health Flex Spending Account

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

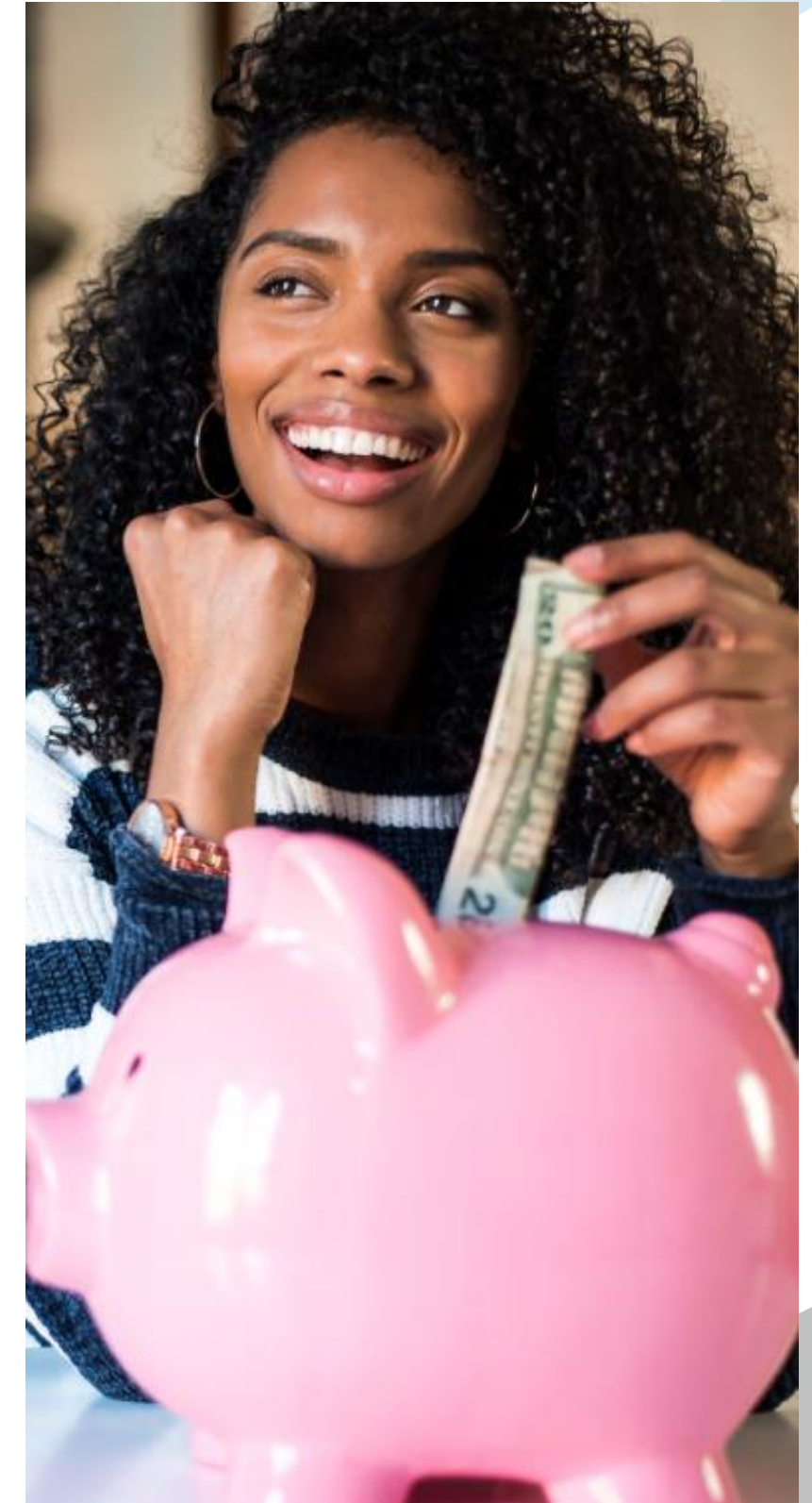
Maximum election amount: \$3,300

Dependent Care Assistance Account

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities.

This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Maximum election amount: \$5,000



FSA Eligible Expense List

- Alcoholism Treatment
- Ambulance
- Anesthetists
- Arch Supports
- Artificial Limbs
- Blood Tests
- Braces
- Contact Lenses
- Chiropractic Visits
- Crutches
- Dental Treatments
- Dentures
- Dermatologist Visits



- Diagnostic Testing
- Drug Addiction Therapy
- Eyeglasses
- Hospital Bills
- Hearing Aides
- Insulin Treatments
- Lab Tests
- Operating Room Costs
- Oral Surgery
- Organ Transplant
- Orthopedic Shoes
- Oxygen & equipment
- Physician Services
- Physiotherapist Services
- Postnatal Treatments
- Prenatal Care
- Prescription Drugs
- Psychiatrist Services
- Psychologist Services



- Spinal Fluid Test
- Splints
- Sterilization
- Therapy Equipment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Wheelchairs
- X-Rays

This is just a partial list of the eligible HSA expenses. Please visit the IRS website & Publication 502 for a complete listing.

AllOne Health - Employee Assistance Program

Need someone to talk to?

FREE resources are available to you and are
completely CONFIDENTIAL.

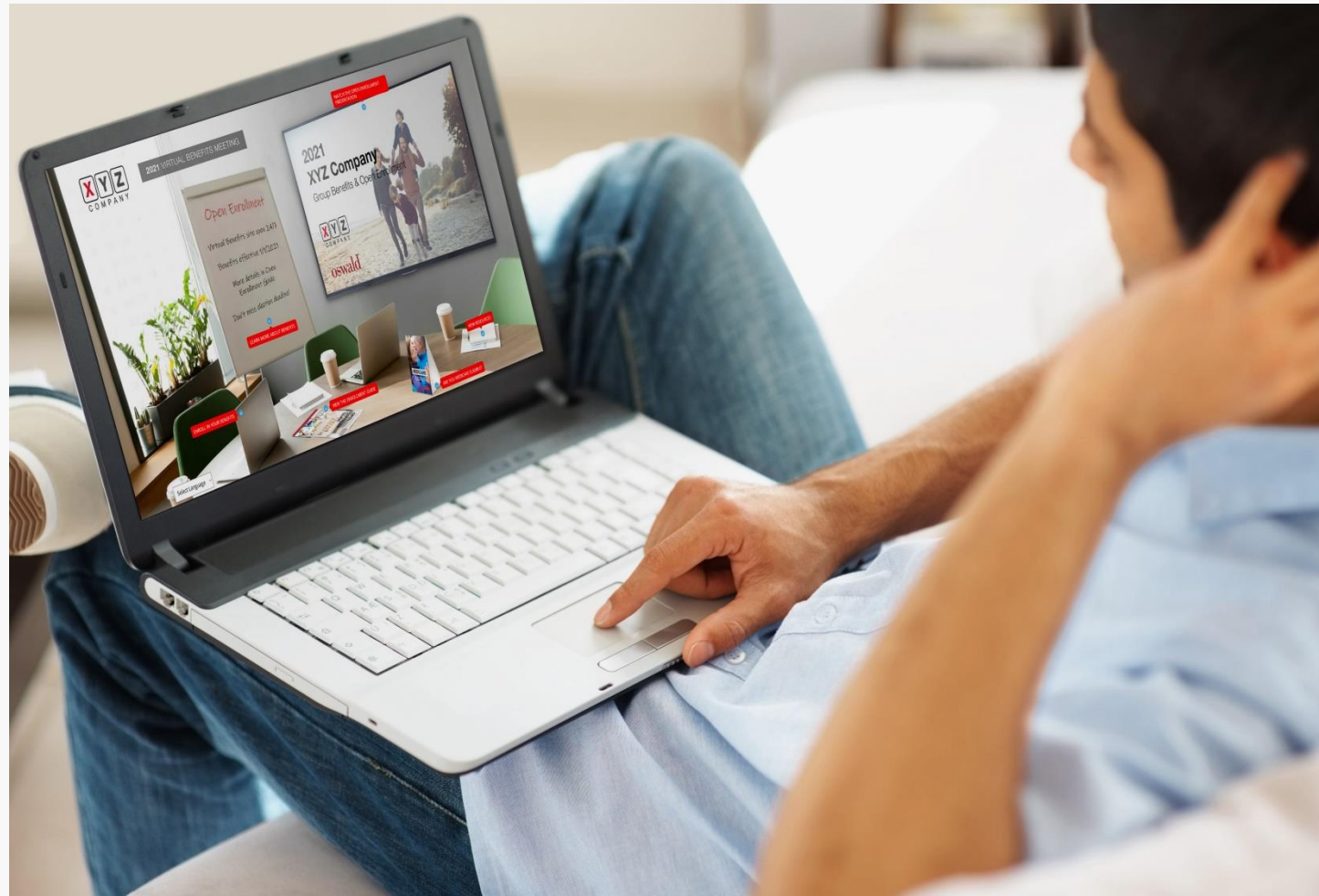
- Available by phone 24/7
- 6 Mental Health Sessions
- Medical Advocacy
- Personal Assistant
- Legal Referrals
- Financial Consultation
- Work-Life Resources and Referrals



1.800.227.6007

24/7 Support,
Resources &
Information

What do I need to do now?



For additional information on your benefits, to enroll, or make changes, visit the Virtual Open Enrollment site at <https://lcsbenefits.org/2025-open-enrollment/>.

Don't miss out – the Open Enrollment window closes on May 27th!