

Employee

Benefits

Plan Year 2021 - 2022



QUICK VIEW

1. Eligibility
2. Definition & Contacts
3. Employee Navigator Instructions
4. Dental Plan Summary
5. Vision Plan Summary
6. Employer Paid Life Insurance
7. Voluntary Life Insurance
8. Accident, Hospital Indemnity, Cancer, Critical Illness - Kemper Health



WELCOME

The City of Lyons is pleased to offer you a comprehensive, high-quality benefits package. This booklet was designed to guide you through your benefit choices, and contains the highlights of your employee benefits program. The contents of this booklet are meant to be a guide, but in the case of questions, the written plan document will govern.

ELIGIBILITY

Full-time, eligible employees (at least 30 hours per week) are able to participate in the City of Lyons' benefits program. For newly hired eligible employees, benefits begin the first of the month after or coinciding with 60 days of active employment, if elections are made.

WHEN CAN I ENROLL OR MAKE CHANGES?

Eligible employees may also enroll or make changes to their benefits during the annual open enrollment period. Once elections are completed, no changes can be made until the next annual enrollment unless you experience a qualifying change in Family or Job status such as:

- Change in employee's legal marital status
- Birth, Adoption or Change in Custody of an eligible dependent
- Death of a covered dependent
- Change in your employment status (i.e., Full-Time to Part-Time)
- Change in your spouse's employment status
- Gain or Loss of eligibility for a dependent due to age change or student status change
- Loss of other coverage (i.e., spouse's health plan coverage ends or Medicare or Medicaid eligibility ends)
- Legal Decree, Judgment or Order (i.e., Qualified Medical Child Support Order – QMCSO)

Employees are responsible for reporting a change in status and any changes to your elections must be done within 60 days for the loss/gain of Medicaid or State Children's health program or 30 days for all other events.

DEFINITIONS

Benefit Year

Period from **December 1st through November 30th**.
NOTE: All deductibles and benefit maximums accumulate during the calendar year.

Copay

The amount of money you pay at the time you receive certain services (applies to the Out of Pocket, not the Deductible).

Coinsurance

The percentage of covered expenses for which you are responsible, i.e. 0% 20%, or 50%.

Explanation of Benefits (EOB)

A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services that were paid on their behalf.

Out of Pocket

The maximum amount of covered expenses you will pay during a benefit year including deductible and copays.

Deductible-Member Responsibility

The amount you will pay before the plan will begin reimbursement for covered expenses. Note that all deductibles and benefit maximums on the medical plan accumulate during the plan year.

Dependent

Dependent children can be covered up to age 26 for Medical/Dental.

Generic/Brand Drugs

Drugs have two names: a generic name that identifies the active chemical ingredient and a brand name for advertising purposes. Generics have the same active ingredient, dosage and strength as brand name drugs. The major difference is price.

Formulary Drugs

A formulary is a list of brand-name and generic prescription drugs that are approved to be prescribed by the health insurance policy. Non-preferred drugs are drugs that are not listed on the formulary.



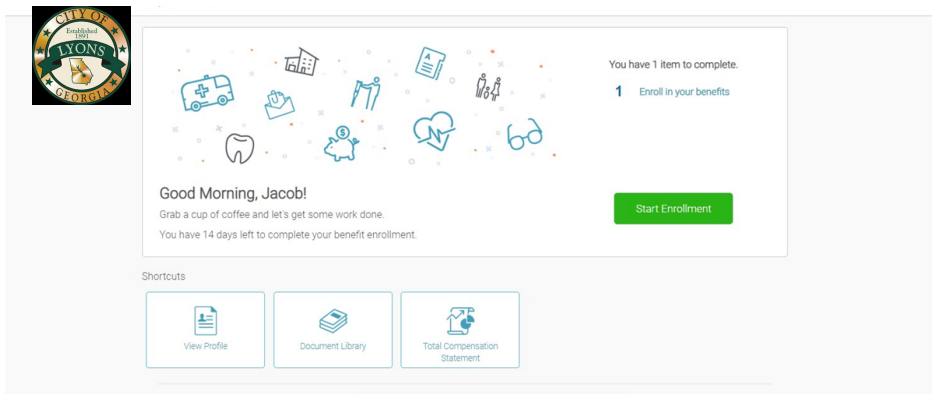
CONTACTS

Plan	Administrator	Phone Number	Website / Email
Dental Insurance	Principal	800.247.4695	www.principal.com/dentist (find a dentist)
Vision Insurance	Principal (VSP)	800.877.7195	www.vsp.com
Life Insurance Claims	Principal	800.245.1522	SBDLDBCLAIMS@principal.com
Life Conversion/Portability	Principal	800.986.3343 (opt. 3)	www.principal.com
Accident, Hospital Indemnity, Cancer & Critical Illness Insurance	Kemper Health	844.613.6245	service@kemperbenefits.com

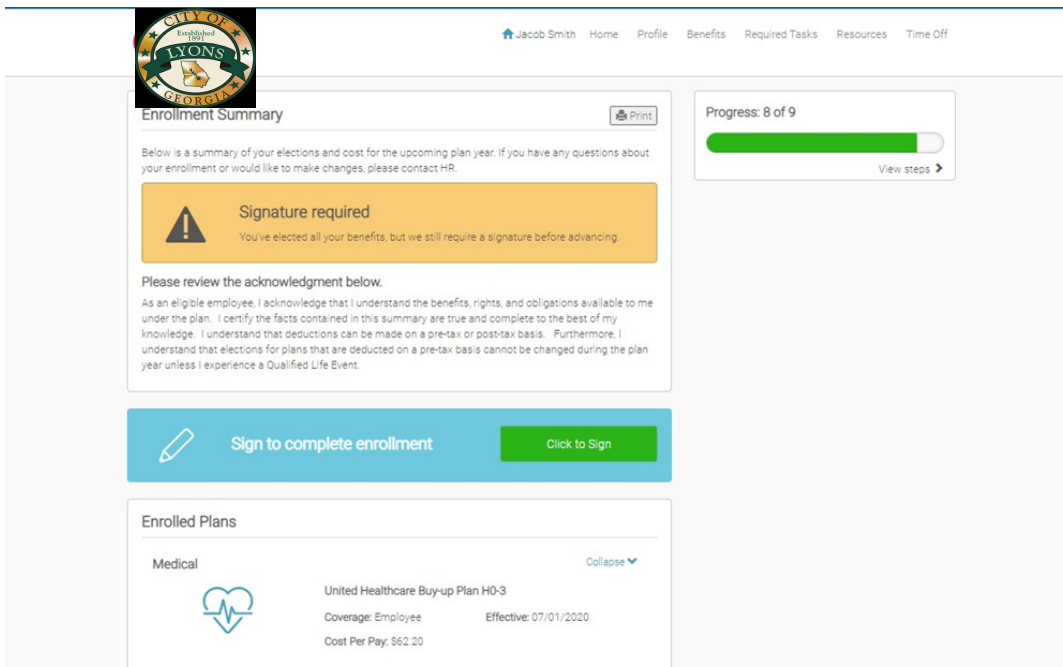
Open Enrollment 2021-22



1. Login to <https://www.employeenavigator.com/> Click Login in the top right corner, then click "Register as a new user"
 - Your PIN is the last 4 digits of your Social Security Number
 - When prompted your company ID is: **lyonsga**
 After the system has located your records you will need to create a username and password
2. You may begin your open enrollment process by clicking the "Start Enrollment" box



3. If covering dependents on your plan, enter in your dependent info in the profile section before beginning elections.
4. Once you have made all of your plan choices you must agree to your elections by clicking the green "Click to Sign" box as seen below.



5. Once all benefits are selected and you select "Agree" on the confirmation page, your enrollment will now be complete and if you ever need to revisit your personal page to review your benefits or plan information you can do so by going to <https://employeenavigator.com> and clicking "Sign in"



LIFE INSURANCE

Life & AD&D Insurance

The City of Lyons offers Life/AD&D insurance through Principal. Full-time, benefits eligible employees receive a \$15,000 Basic Life/AD&D benefit, **paid for by the City of Lyons.**

	Principal
Team member Life Amount	Flat \$15,000
Waiver of Premium	Included
Accelerated Benefit	Included - 75% of Face Amount

Voluntary Life & AD&D Insurance

- Should you wish to have additional life insurance above the Basic Life amount, or if you'd like life insurance for your dependents, you can purchase supplemental life insurance through Principal. In order to elect coverage for your dependent spouse and/or child(ren), you must elect additional coverage for yourself.
- You must apply for coverage within 30 days after you first become eligible to receive the guaranteed issue amount. You must be actively at work (able to perform all normal duties of your job) to be insured. For your dependents to be eligible to enroll for coverage, they must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
- Employee rates vary depending on your age and benefit amount. Please refer to the **City of Lyons Employee Navigator Enrollment site** to view your deductions for this coverage.
- **Evidence of Insurability (EOI)** - If you apply more than 30 days after you are first eligible, you must provide EOI and will be subject to approval by Principal.
- **Guarantee Issue amount (\$100,000 Employee / \$25,000 Spouse)** will be applied until the (EOI) for the larger amount is approved.



Benefit Summaries

- Voluntary Dental Insurance
- Voluntary Vision Insurance
- Employer Paid Life/AD&D Insurance
- Supplemental Life/AD&D Insurance

Policyholder: City of Lyons



Group voluntary dental insurance benefit summary for

all eligible members

Effective date: 12/01/2020

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Combined annual benefit maximum

This is the total amount your insurance will cover annually for all services combined.

Combined annual benefit maximum - all	
In-network	Out-of-network
\$1,000	\$1,000

Preventive

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$0	\$0	100%	100%

- Routine exams - twice per calendar year
- Routine cleanings - twice per calendar year
- Bitewing X-rays - once per calendar year
- Fluoride – once per calendar year (covered only for dependent children under age 14)

Basic

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$50	\$50	80%	80%

- Full mouth X-rays – once every 60 months
- Sealants – covered only for dependent children under age 14 once per tooth each 36 months
- Emergency exams – subject to Routine exam frequency limit
- Periodontal maintenance - if three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
- Fillings - covered once every 24 months
- Simple oral surgery (simple extractions)
- Complex oral surgical procedures (impacted teeth)

Major

Calendar year deductible		Coinsurance your policy pays	
In-network	Out-of-network	In-network	Out-of-network
\$50	\$50	50%	50%

- General anesthesia / IV sedation (covered only for specific procedures)
- Simple endodontics (root canal therapy for anterior teeth)
- Complex endodontics (root canal therapy for molar teeth)
- Non-surgical periodontics, including scaling and root planing - once per quadrant per 24 months
- Periodontal surgical procedures - once per quadrant per 36 months
- Crowns – each 120 months per tooth
- Core buildup - each 120 months per tooth
- Bridges (initial placement / replacement) - 120 months old
- Dentures (initial placement / replacement) - 60 months old

Orthodontia

Calendar year deductible		Coinsurance your policy pays		Lifetime maximum	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	\$0	50%	50%	\$1,000	\$1,000

- Child coverage
- Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

- Family deductible - 3 times the per person deductible amount
- Combined deductible - Your deductibles that are in-network for basic and major services are combined. Your deductibles that are out-of-network for basic and major services are combined.
- Prevailing charge - When you receive care from an out-of-network-provider, benefits will be based on the 90th percentile of the usual and customary charges.
- Maximum accumulation – Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or \$1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.
- Periodontal program - If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
- Second opinion program - You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.

- Cancer treatment oral health program - If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.

There are additional limitations to your coverage. A complete list is included in your booklet.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply. [How do I find a network dentist?](#)

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-832-4450, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

What are the restrictions of my coverage?

Orthodontia	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
--------------------	--

Policyholder: City of Lyons



Group voluntary vision insurance benefit summary

For all eligible members

Effective date: 12/01/2020

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$130 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses
Lens enhancements	Most popular lens enhancements are covered after a copay, saving our members an average of 20-25% ¹
Elective contacts	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.
Necessary contacts	Covered in full after \$25 copay every 12 months
Contact fitting and evaluation	\$60 copay

¹This can vary based on state laws and provider location

Who can buy coverage?

- You can buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$70 which is equivalent to a \$130 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



[principal.com](https://www.principal.com)

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

© 2020 Principal Financial Services, Inc., Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: City of Lyons



Group term life insurance benefit summary for all eligible members

Effective date: 12/01/2020

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue ¹	Benefit reduction ²
You	\$15,000	If you're under age 70: \$15,000 If you're 70 or older: The lesser of \$15,000 or the amount with the prior carrier.	35% reduction at age 65, with an additional 15% reduction at age 70. Age reductions apply to the benefit amount after providing health information.

¹Amount of coverage you may buy without answering medical questions

²As you get older, your life insurance benefit amount decreases

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for review, or if you have a qualifying event.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

AD&D	
Loss	AD&D Benefit
Loss of life	100%
Loss of hand, foot, or sight in one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Loss of use / paralysis - If you have total loss of movement in your hands, feet, arms, and/or legs for 12 consecutive months or permanent paralysis	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
Loss of sight, speech and/or hearing - If you have total loss of sight, speech and/or hearing for 12 consecutive months	When loss is irrevocable and continues for 12 consecutive months, the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Education - If your dependent(s) are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Group voluntary term life (VTL) insurance benefit summary for all eligible members

Effective date: 12/01/2020

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70, \$100,000 If you're age 70 or older, \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70.
Your spouse	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70, \$25,000 If your spouse is 70 or older, \$10,000	\$100,000, up to 50% of your benefit	35% reduction at age 65, with an additional 15% reduction at age 70.
Your child(ren)	Options: <ul style="list-style-type: none"> • \$2,500, or • \$5,000, or • \$7,500, or • \$10,000 			Up to 50% of your benefit	

¹Amount of coverage you may buy without providing health information.

²As you get older, your life insurance benefit amount decreases.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - o If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - o You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for review, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require you to provide health information.

May I increase my benefit later?

- You may be able to increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit. Your spouse may receive a benefit if they are injured off the job.

AD&D	
Loss	AD&D Benefit
Loss of life	100%
Loss of hand, foot, or sight in one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Loss of use / paralysis - If you have total loss of movement in your hands, feet, arms, and/or legs for 12 consecutive months or permanent paralysis	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
Loss of sight, speech and/or hearing - If you have total loss of sight, speech and/or hearing for 12 consecutive months	When loss is irrevocable and continues for 12 consecutive months, the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Education - If your dependent(s) are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years

Occupational coverage

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



[principal.com](https://www.principal.com)

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392
This is a summary of voluntary term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

© 2020 Principal Financial Services, Inc., Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.
GP62507-3 | 08/2020 | © 2020 Principal Financial Services, Inc.



Benefit Summaries

- Accident Insurance
- Hospital Indemnity Insurance
- Cancer Insurance
- Critical Illness Insurance

Accident Indemnity Insurance

Policy features and
benefits specially
prepared for:
City of Lyons



Be prepared for the unexpected

A sudden accident resulting in an injury to you or a loved one can happen at any time. Being prepared for such an unexpected event and the financial challenges it may bring is essential.

Peace of mind if an accident occurs

Even with a minor accident, costs can add up fast if you miss work, need child care, or have a large health plan deductible. With a Kemper Health Accident Indemnity insurance policy, you can rest assured that you have an added level of financial protection in place.

How it Works

1. Select a plan option.
2. When an accident occurs—whether minor or major—the plan will pay a lump-sum benefit based on the type of injury incurred.
3. If you receive treatment, the insurance plan will continue to pay benefits for services like:
 - Visit to the emergency room.
 - Physician's office/Urgent care visit.
 - Hospital admission.
 - Ambulance—Air/Ground transportation.

**Cash benefits are paid directly to the insured with
no restrictions on how the funds can be used.**

PRODUCT FEATURES AND BENEFITS

Plan Designs	Benefits available in six benefit levels
Coverage	Off-the-job only
Family Coverage	Spouse receives the same benefit coverage as employee* Children each receive the same benefit coverage as employee*
Accident and Health Screening Benefit Rider	\$100 for two covered treatments per insured and up to four times per family per calendar year
Portability	Fully portable regardless if group stays in force but still subject to the group reductions and termination age

*Except for Accidental Death & Dismemberment

Covered Benefits	Premier
Physician's Office/Urgent Care	\$100
Physician Follow-Up Visit	\$100/2 visits
Emergency Room Treatment	\$200
Hospital Admission	\$1,000
Additional amount for ICU Admission	\$200
Hospital Confinement	\$200
General Anesthesia	\$200
Ambulance—Air/Ground	\$600/\$200
Appliance	\$250
Blood/Plasma/Platelets	\$600
BURNS	
2nd Degree, 35 sq. in. or more	\$250
3rd Degree, 10–20 sq. in.	\$1,000
3rd Degree, 20–35 sq. in.	\$1,000
3rd Degree, 35 sq. in. or more	\$1,000
Skin Grafts—2nd or 3rd Degree	50% of Burn Benefit
SKIN GRAFTS—Other accidental loss	
10–20 sq. in.	\$500
20–35 sq. in.	\$500
35 sq. in. or more	\$500

Covered Benefits	Premier
FRACTURES/DISLOCATIONS*	
Open Reduction doubles the benefit below	
Maximum Benefit	\$4,000
Fracture / Closed	\$2,000
Fracture / Chip	\$500
Dislocations (Maximum Benefit, partial at 12.5% closed at 50%)	\$4,000
KNEE CARTILAGE	
Torn with surgical repair	\$1,000
LACERATION	
Not requiring stitches	\$100
Less than 2 in. long with stitches	\$100
2–6 in. long with stitches	\$100
6 in. or more with stitches	\$100
Eye Injury	\$200
Coma	\$20,000
Concussion	\$300
Therapy Services	\$75/5 visits
X-ray	\$200
Major Diagnostic Exams	\$100
Accidental Death: EE/SP/CH	\$40,000 \$20,000 \$10,000
Common Carrier	5X Accidental Death
ACCIDENTAL DISMEMBERMENT	
Multiple Dismemberment	\$40,000
Single Dismemberment	\$20,000

All plans include the following additional benefits in various amounts: lodging, transportation, pain management, prosthesis, stated surgical procedures and rehabilitation coverage.

ACCIDENT INDEMNITY RATES

Premier	Employee	Employee/Spouse	Employee/Children	Family
Weekly	\$3.28	\$5.68	\$6.75	\$10.54

Exclusions and Limitations

Exclusions

Benefits under the Policy and any attached Rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentional self-inflicted injury or Sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or Sickness, while sane or insane;
2. Being under the influence of alcohol or a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug or intoxicant including those prescribed by a Physician that are misused by the Insured Person;
3. Commission of or attempt to commit an assault or felony, or engaging in an illegal activity or occupation;
4. Declared war or any act of declared war, or voluntary participation in any riot or civil insurrection;
5. Operating, learning to operate, serving as a crew member of or falling from an aircraft or hot air balloon, including those that are not motor driven, or engaging in hang gliding, bungee jumping, parachuting, sail-gliding or parasailing, or engaging in mountaineering using ropes and/or other equipment;
6. Riding in or driving any motor driven vehicle in a race, stunt show or speed test;
7. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the Insured Person receives any compensation or remuneration;
8. Operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred;
9. Charges for services ordered, directed or performed by a Physician or supplies purchased from a provider who is an Insured Person, the Insured Person's Immediate Family Member a person who is employed or retained by an Insured Person, an employer of an Insured Person or a person who ordinarily resides with an Insured Person;
10. Bacterial infection that was not caused by a cut or wound from an Accidental Injury;

Pre-Existing Condition Limitation

We will not pay any benefits for services and supplies for a Pre-Existing Condition until the Insured Person's coverage has been in force under the Policy for one year.

Exclusions and Limitations may vary by state.

Plan is available in the following states:

NC, SC, GA

Premier

Dislocations Schedule	Open Benefit	Closed Benefit
Ankle/Bone(s) of the Foot (Other than Toes)	\$ 2,000	\$ 1,000
Bone(s) of the Hand (Excluding Fingers)	\$ 640	\$ 320
Collarbone (Acromioclavicular and Separation)	\$ 320	\$ 160
Collarbone (Sternoclavicular)	\$ 800	\$ 400
Elbow	\$ 640	\$ 320
Hip	\$ 4,000	\$ 2,000
Knee (Except Patella)	\$ 2,400	\$ 1,200
Lower Jaw	\$ 640	\$ 320
One Toe or One Finger	\$ 320	\$ 160
Shoulder (Glenohumera)	\$ 640	\$ 320
Wrist	\$ 640	\$ 320
Fractures Schedule	Open Benefit	Closed Benefit
Skull (Except Bones of the Face or Nose), Depressed	\$ 4,000	\$ 2,000
Skull (Except Bones of the Face or Nose), Non-Depressed	\$ 2,400	\$ 1,200
Hip, Thigh (Femur)	\$ 4,000	\$ 2,000
Vertebrae, Body of (Excluding Vertebral Processes)	\$ 2,000	\$ 1,000
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum Except Coccyx)	\$ 2,000	\$ 1,000
Leg (Tibia and/or Fibula Malleolus)	\$ 2,000	\$ 1,000
Bones of the Face or Nose (Except Mandible or Maxilla)	\$ 800	\$ 400
Upper Jaw, Maxilla (Except Alveolar Process)	\$ 800	\$ 400
Upper Arm Between Elbow and Shoulder (Humerous)	\$ 800	\$ 400
Lower Jaw, Mandible (Except Alveolar Process)	\$ 640	\$ 320
Collarbone, (Clavicle, Sternum)	\$ 800	\$ 400
Shoulder Blade (Scapula)	\$ 640	\$ 320
Vertebral Process/Sacrum	\$ 640	\$ 320
Forearm (Radius and/or Ulna)	\$ 640	\$ 320
Kneecap (Patella)	\$ 640	\$ 320
Hand/Foot (Except Fingers/Toes)	\$ 640	\$ 320
Ankle/Wrist	\$ 1,600	\$ 800
Rib	\$ 400	\$ 200
Coccyx	\$ 240	\$ 120
Finger, Toe	\$ 320	\$ 160

INSURANCE BENEFITS PROVIDED BY RESERVE NATIONAL INSURANCE COMPANY

P.O. Box 9988
Austin, TX 78766-9988
Telephone: 844.613.6245 Fax: 844.473.8084
Email: service@kemperbenefits.com Website: www.kemperbenefits.com

ACCIDENT AND HEALTH SCREENING CLAIM FORM

Instructions to File a Claim:

- Please complete Insured/Claimant Statement and mail or fax the completed form to the address or fax number above.
- To verify the contents of this form, the Insured and Claimant (if an adult) must sign and date the completed claim form.
- Please attach a copy of itemized bill indicating patient name, date of service, name of provider and type of service.
- If an insured person is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured, we must pay the benefits to Medicaid or the medial provider to reduce the charges billed to Medicaid.

Insured/Claimant Statement

Insured's Name (Last, First, Middle)	Policy/Certificate #	Social Security No.	Date of Birth	Sex		
Address (Street, City, State, Zip)		Phone Number (With Area Code)				
Claimant's Name	Date of Birth	Relationship to Insured				
<p>Please <u>circle</u> the accident and health screening undergone by claimant and provide itemized bill.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> <p>Accident Risk Screening Test (which includes one or more of the following):</p> <ul style="list-style-type: none"> • Epworth Sleepiness Scale • Drug/alcohol abuse assessment/screening • Standard neurological exam (or portions of such exam): <ul style="list-style-type: none"> ° Mental status testing ° Cranial nerve exam ° Sensorimotor testing ° Cerebellar testing ° Gait/balance assessment ° Pediatric development testing • Hemoglobin A1c • Visual acuity test • Hearing acuity test • Baseline testing for concussions </td> <td style="width: 40%; vertical-align: top; border: none;"> <p>Bone Density screening</p> <p>Chest X-ray</p> <p>EKG</p> <p>Stress test</p> <p>Annual physical examination</p> <p>Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>					<p>Accident Risk Screening Test (which includes one or more of the following):</p> <ul style="list-style-type: none"> • Epworth Sleepiness Scale • Drug/alcohol abuse assessment/screening • Standard neurological exam (or portions of such exam): <ul style="list-style-type: none"> ° Mental status testing ° Cranial nerve exam ° Sensorimotor testing ° Cerebellar testing ° Gait/balance assessment ° Pediatric development testing • Hemoglobin A1c • Visual acuity test • Hearing acuity test • Baseline testing for concussions 	<p>Bone Density screening</p> <p>Chest X-ray</p> <p>EKG</p> <p>Stress test</p> <p>Annual physical examination</p> <p>Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Accident Risk Screening Test (which includes one or more of the following):</p> <ul style="list-style-type: none"> • Epworth Sleepiness Scale • Drug/alcohol abuse assessment/screening • Standard neurological exam (or portions of such exam): <ul style="list-style-type: none"> ° Mental status testing ° Cranial nerve exam ° Sensorimotor testing ° Cerebellar testing ° Gait/balance assessment ° Pediatric development testing • Hemoglobin A1c • Visual acuity test • Hearing acuity test • Baseline testing for concussions 	<p>Bone Density screening</p> <p>Chest X-ray</p> <p>EKG</p> <p>Stress test</p> <p>Annual physical examination</p> <p>Other (specify): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					

AUTHORIZATION

I HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PROVIDER, INSURER OR OTHER THIRD-PARTY PAYER OR THE MEDICAL INFORMATION BUREAU TO FURNISH TO RESERVE NATIONAL INSURANCE COMPANY, OKLAHOMA CITY, OKLAHOMA, OR ITS REPRESENTATIVE, OR PERMIT SAID INSURANCE COMPANY, OR ITS REPRESENTATIVE, TO REVIEW ANY INFORMATION REQUESTED WITH RESPECT TO ANY ILLNESS OR ACCIDENT, MEDICAL HISTORY OR COPIES OF HOSPITAL AND MEDICAL RECORDS. THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION ABOUT COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND HUMAN IMMUNODEFICIENCY VIRUS, AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). A PHOTOSTATIC COPY OF THE AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL. I DECLARE THE ABOVE ANSWERS AND STATEMENTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE _____ INSURED'S SIGNATURE: _____

DATE _____ CLAIMANT'S SIGNATURE: _____

EMPLOYEE GUIDE

Hospital Indemnity Insurance

Plan features and benefits specially prepared for City of Lyons States: NC, SC, GA



Preparing for the unexpected

A severe injury or illness requiring hospitalization can strike you or a loved one at any time. Even if you're covered by major medical insurance, a hospital stay of any duration can lead to significant out-of-pocket expenses. Having additional coverage on your side will help to significantly limit those costs.

How it Works

1. Select a plan.
2. When you or a covered family member is admitted to the hospital, the plan pays a cash benefit directly to you with no restrictions on how the funds can be used. This includes non-medical costs like child care, rent or even groceries.
 - Benefit amount is fixed per day of hospitalization, up to a maximum number of days.
 - If more than 30 days pass between periods of hospitalization for the same condition, the subsequent occurrence is treated as a new case.

Features & Extras

- No health questions or pre-existing limitations.
- Fixed daily benefit for hospital stays.
- Benefits paid directly you.

Cash benefits are paid directly to the insured with no restrictions on how the funds can be used.

This insurance plan will work with your Health Savings Account (HSA) allowing you to grow and protect your savings.

PRODUCT FEATURES AND BENEFITS¹

Required Benefits

Premier

Hospital Confinement (HC) - Pays a fixed benefit amount per day of hospital confinement up to a maximum number of days per confinement.

Maximum number of days payable per confinement	10
1st duration of hospital confinement	Day 1
Benefit amount for 1st duration of hospital confinement	\$1,000
2nd duration of hospital confinement	Day 2 through last day of confinement
Benefit amount for 2nd duration of hospital confinement (Amount for 2 nd duration cannot exceed the benefit amount from 1 st duration period)	\$100
Maximum confinements per benefit period	1

HOSPITAL INDEMNITY RATES

Premier	Employee	Employee/Spouse	Employee/Children	Family
Weekly	\$2.34	\$4.69	\$4.41	\$6.75

¹All benefits are per insured person.

Exclusions and Limitations

Limitations

Recurrent Confinements – If the company pays benefits for a period of confinement, and the insured person is readmitted within 30 days of that confinement for the same condition, the later confinement will be treated as a continuation of the prior confinement. If more than 30 days have passed between periods of confinement for the same condition or the successive confinement is for an unrelated cause, the company will treat the later confinement as a new confinement.

Exclusions

The policy does not provide any benefits for the following:

1. Suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted injury or sickness or any attempt thereat (in Colorado, Missouri or Montana, while sane);
3. Rest care or rehabilitative care and treatment;
4. Dependent child pregnancy, except complications of pregnancy;
5. Routine newborn care;
6. Voluntary abortion, except where medically necessary to save the insured person's life;
7. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any injury occurring while the insured person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the injury took place);
10. Treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a physician and taken according to the prescribed dosage;
11. Dental care or treatment, except:
 - a. Care or treatment due to an injury to sound, natural teeth treated within 12 months of the accident;
 - b. Treatment necessary due to congenital defects or birth abnormalities;
 - c. Excision of impacted third molars; or
 - d. Closed or open reduction of fractures or dislocation of the jaw;
12. Sex changes;
13. The reversal of tubal ligation or the reversal of vasectomies;
14. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. Accidental bodily injury occurring while serving on full-time active duty in any armed forces of any country or international authority (any premium paid will be returned by the company pro rata for any period of active duty);
16. Declared or undeclared war or acts thereof;
17. Injury or sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the insured person is entitled to under any occupational disease law or similar law, whether or not application for such benefits have been made;
18. Medical care, services or supplies provided outside of the United States of America or its territories;
19. Treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the insured person's effective date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not medically necessary; or
23. Any confinement or treatment not specifically covered in the schedule of benefits.

Continuation of Coverage: Coverage will continue as long as the group policy remains in force; the premiums are paid and the insured remains an employee of the Policyholder. If the insured submits a fraudulent claim, the insured's coverage will end.

Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Policy No. HP-51/HP-52
Policy Form M-6015

Cancer Insurance

Policy features and
benefits specially
prepared for:
City of Lyons



Help when you need it most

When you or a loved one is diagnosed with cancer, the financial burden can be overwhelming. While primary health insurance is there to cover the medical bills, many patients face challenges due to time away from work and expenses not covered by other insurance.

Stay focused on getting well

A Kemper Health Cancer insurance plan gives you an extra layer of financial security during these tough times—providing cash benefits that you can use to help keep the bills paid and protect your savings. That way, your focus can be on getting better.

How it Works

The plan pays a one-time, lump-sum first cancer diagnosis benefit. As treatment begins, the plan pays additional benefits including:

- Radiation/chemotherapy/immunotherapy
- New or Experimental Treatment
- Second and third surgical opinions, drugs and medicines, lodging and transportation, and other expenses

**Cash benefits are paid directly to the insured with
no restrictions on how the funds can be used.**

Our cancer insurance provides fixed benefits for early detection and treatment of certain types of cancer. It also includes benefits for other related expenses such as drugs and medicine, new or experimental treatment, hair pieces, hospital confinement, radiation/chemotherapy, surgery and an evaluation/consultation at a National Cancer Institute Designated Comprehensive Cancer Treatment Center. There are no restrictions on how you spend the money. You can use it to pay monthly bills, loss of income, child care or anything else you need.

Financial help when you need it most:

- Benefits will be paid directly to you, not the hospital.
- Coverage can be purchased for you and your entire family.
- Waiver of premium after 60 days of disability due to cancer for as long as your disability lasts.¹
- Portable coverage if you leave your current job, at the same premium.
- Includes coverage for 32 other specified diseases.

Kemper Health Cancer insurance plan highlights:

- First diagnosis benefit with Second and Third opinions covered
- Drugs and Medicine, including outpatient anti-nausea drugs
- Private nursing services
- National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit
- Breast Prosthesis
- New or experimental therapy
- Hospice care
- Hairpieces and rental of durable goods
- Specified disease coverage
- Radiation/chemotherapy/immunotherapy
- Surgery
- Wellness
- At home nursing

PRODUCT FEATURES AND BENEFITS	
	Premier Plus
First Diagnosis Benefit Benefit Amount Cancer or a specified disease	\$10,000
Guaranteed Issue	\$10,000*
Hospital Confinement Benefit Benefit Amount per day	\$100
Colony Stimulating Factors Benefit Amount per month	\$500
Radiation/Chemotherapy/Immunotherapy Benefit Amount	\$1,000 per month
Surgical Benefit Maximum Surgical Schedule Benefit Amount	\$1,500
Wellness Benefit Benefit Amount Pays annually per calendar year	\$100

¹ Disability of primary insured only

* Guaranteed Issue amount based on enrolled lives

Cancer Insurance Plan – Benefits*

The following is a summary of the benefits included in the Kemper Health Cancer insurance plan. This is a brief description and does not replace or modify the comprehensive description of all benefits, limitations and exclusions contained in the policy/certificate and riders that are subject to the laws of the state having jurisdiction. Benefits, limitations, exclusions and rates may vary by state; plans not available in all states.

First Diagnosis Benefit

Pays a one-time benefit per insured when first diagnosed with cancer (or specified disease, if selected). The first diagnosis must occur after the certificate effective date.

Positive Diagnosis Test

Pays a one-time benefit per insured person for one diagnostic test that leads to positive diagnosis of cancer (or a specified disease) up to a maximum of \$300 per calendar year. This benefit is not payable if the same cancer (or specified disease, if selected) recurs.

Second and Third Surgical Opinions

Pays an insured's expense incurred for a written second or third surgical opinion as to the need for a surgical procedure.

Non-Local Transportation

Pays an insured's expenses for non-local travel to a hospital (inpatient or outpatient); radiation therapy center; chemotherapy or oncology clinic; or any other specialized treatment either at a common carrier fare; or 50 cents per mile for up to 700 miles per treatment for round-trip personal vehicle transportation for round trips over 60 miles. This benefit is payable if the insured's treatment is not available locally and is available non-locally.

Adult Companion Lodging and Transportation

Pays for the insured's one adult companion lodging and transportation expenses if the insured is confined in a non-local hospital for cancer (or specified disease) treatment. This benefit is payable for up to \$75 per day for a single room in a motel, hotel or other accommodations up to a maximum stay of 60 days. This benefit is not payable for lodging expenses incurred more than 24 hours before the treatment nor for lodging expenses incurred more than 24 hours following treatment. This benefit pays a common carrier fare or 50 cents per mile round-trip personal vehicle transportation for round trips over 60 miles up to 700 miles per hospital stay for treatment. If we pay for personal vehicle mileage under the non-local transportation benefit we will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the insured lives.

Ambulance

Pays an insured's expenses for ambulance service if the insured is taken to the hospital by a licensed or hospital-owned ambulance and is admitted as an inpatient.

Bone Marrow and Peripheral Stem Cell Transplant

Pays for an insured's expenses for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant up to a combined lifetime maximum of \$15,000.

Anesthesia

Pays an insured's expenses incurred for the services of an anesthesiologist in connection with surgery up to 25% of the amount paid for such surgery. For anesthesia in connection with the treatment of skin cancer, the benefit is limited to \$100.

Ambulatory Surgical Center

Pays an Insured's expenses incurred for surgery performed at an ambulatory surgical center up to a maximum of \$250 per day.

Drugs and Medicines

Pays an insured's expenses for drugs and medicine while confined in a hospital up to a maximum of \$25 for each day of confinement, subject to a calendar year maximum of \$600.

See the certificate and any attached rider(s) for details on benefit requirements, provisions, terms, conditions, limitations and exclusions.

Cancer Insurance Plan – Benefits (continued)*

Outpatient Anti-Nausea Drugs

Pays an insured's expenses for drugs prescribed by a physician and used for suppressing nausea during cancer (or specified disease, if selected) treatment up to a maximum of \$250 per calendar year.

Miscellaneous Therapy Charges

Pays an insured's expenses up to a lifetime maximum of \$10,000 for laboratory work and its interpretation and routine or diagnostic x-rays, scans and their interpretations. Service must be performed while receiving treatment(s) in radiation therapy, radioactive isotopes therapy; chemotherapy or immunotherapy or within 30 days following a covered treatment.

Self-Administering Drugs

Pays an insured's expenses up to \$4,000 per month for self-administered chemotherapy, including hormone therapy, or immunotherapy agents.

Blood, Plasma and Platelets

Pays for an insured person's expenses incurred up to a maximum of \$200 per day for:

1. Blood, plasma and platelets;
2. Transfusions;
3. The administration of 1 and 2 above;
4. Processing and procurement costs; and
5. Cross matching.

Will not pay for blood replaced by donors.

Physician's Attendance

Pays an insured's expenses up to a maximum of \$35 per day for one visit per day by a physician while the insured is confined in a hospital.

Private Duty Nursing Services

Pays an insured's expenses up to a maximum of \$100 per day for private nursing care by a nurse required and ordered by the attending physician, and while the insured is confined in a hospital.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit

Pays an insured's expenses up to a lifetime maximum of \$750 for evaluation if diagnosed with cancer and seeking evaluation or consultation from a National Cancer Institute Designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the insured's place of residence, it also pays for transportation and lodging expenses up to a lifetime maximum of up to \$350.

This benefit is not payable on the same day a second or third surgical opinion benefit is payable and is in lieu of the non-local transportation benefits of the policy.

Breast Prosthesis

Pays an insured's expenses for a breast prosthesis to restore body contour lost due to breast cancer and the implantation of the prosthesis.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Plan – Benefits (continued)*

Artificial Limb or Prosthesis

Pays an insured's expenses incurred when an amputation is performed up to a lifetime maximum of \$1,500 per insured person for amputation per an artificial limb or prosthesis and the procedure to affix or implant it.

Physical Therapy or Speech Therapy

Pays an insured's expenses up to \$35 per therapy session for physical or speech therapy for restoration of normal bodily function.

New or Experimental Treatment

Pays an insured's expenses up to a maximum of \$7,500 per calendar year for new or experimental treatment, which is judged necessary by the attending physician and received in the United States or in its territories.

Hospice Care

Pays an insured's expenses up to \$50 per day for care received in a free standing hospice care center or at home if diagnosed as terminally ill. The attending physician must approve the stay or care, and the stay or care must begin within 14 days after a hospital stay. Admission or benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital stays. We will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Insured Person.

Government or Charity Hospital

Pays an insured up to \$200 per day for confinement in a hospital operated by or for the United States Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides (charity). The daily benefit is paid in lieu of all other benefits provided in the policy.

Hairpiece

Pays for an insured's expenses up to a lifetime maximum of \$150 for a hairpiece when hair loss is the result of cancer treatment.

Rental or Purchase of Durable Goods

Pays for an insured's expenses up to \$1,500 per calendar year for the rental or purchase of the following pieces of durable medical equipment:

1. A respirator or similar mechanical device;
2. Brace;
3. Crutches;
4. Hospital bed; and
5. Wheelchair.

Waiver of Premium

Premiums are waived following a 60-day period of disability due to cancer (or specified disease, if selected). An insured must be receiving treatment for such cancer (or specified disease, if selected) for which benefits are payable under the policy and remain disabled for 60 consecutive days. Premiums are waived for the period of disability.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Plan – Benefits (continued)*

Specified Disease

Specified disease means any of the following: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen's Disease, Legionnaire's Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis(epidemic cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple's Disease

Hospital Confinement Benefit

Pays a daily benefit for each day an insured is charged the daily room rate by a hospital. The available daily benefit amount is \$100. This benefit is payable up to 60 days for one period of continuous stay. For covered dependent child(ren) under the age of 21, the benefit is two times the daily benefit for Hospital Confinement shown in the policy's Schedule of Benefits.

Colony Stimulating Factors

Pays the insured's expense incurred up to the selected monthly maximum benefit for the cost of chemical substances and their administration to stimulate the production of blood cells. The available monthly maximum benefit amount is \$500.

Radiation/Chemotherapy/Immunotherapy

Pays a daily or monthly benefit for expenses incurred for covered treatment to modify or destroy cancerous tissue. The available daily benefit amount is N/A and the available monthly benefit amount is \$1,000.

Surgery

Pays the insured's expense incurred for a surgeon's fee up to the amount shown in the policy's Surgical Schedule for an operation and for care by the surgeon after the operation. Payment will not include charges by an assistant or co-surgeons. Benefits for surgery performed on an outpatient basis will be 150% of the scheduled amount shown on the surgical schedule not to exceed the actual surgeon's fees for the surgery. The available maximum Surgical Schedule amount is \$1,500.

Extended Benefits

This pays a benefit of three times the Hospital Confinement Benefit if the insured is confined in a hospital for more than 60 continuous days. Payment will begin on the 61st day of continuous hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit.

Extended Care Facility

This pays an insured's expenses incurred for confinement in an extended care facility for a maximum of \$50 per day, up to the number of days that the Hospital Confinement Benefit was paid. The confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a hospital confinement.

At Home Nursing

This benefit is only available if the Hospital Confinement Benefit is included. It pays an insured's expenses incurred for a private duty nurse at home up to \$100 per day and up to the number of days that the Hospital Confinement Benefit was paid. The nursing services must be required and authorized by the attending physician and must begin immediately following a hospital confinement.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Plan – Benefits (continued)*

Donor Benefit Bone Marrow and Stem Cell Transplant

This pays for the expenses incurred, up to \$50 per day, by an insured and his or her live donor. Also pays: (a) two times the Hospital Confinement Benefit for medical expenses, (b) charges for round trip coach fare on a common carrier to the city where the transplant is performed, (c) 50 cents per mile personal vehicle transportation from the insured's or donor's home to the hospital in which the insured is staying up to 700 miles per hospital stay and (d) for lodging and meals expenses for donor to remain near hospital.

Wellness

Pays an insured's expenses incurred up to the selected benefit amount for cancer screening, including, but not limited to, the following:

Abdominal aortic aneurysm ultrasound	EKG
Blood test for triglycerides	Double contrast barium enema
Bone marrow testing	Fasting blood glucose test
Bone density screening	Flexible sigmoidoscopy
Breast ultrasound	Hemoccult stool analysis
Cancer Antigen 125 blood test	Mammography
Cancer Antigen 15-3 blood test	Pap test
Carcinoembryonic antigen (CEA) blood test	Prostate Specific Antigen (PSA) blood test
Carotid ultrasound	Serum cholesterol test to determine HDL/LDL level
CEA (blood test for colon cancer)	Serum Protein Electrophoresis (SPEP) blood test
Chest X-ray	Stress test
Colonoscopy	Thermography
CT Angiography	

GROUP VOLUNTARY CANCER RATES				
WEEKLY	Employee	Employee/Spouse	Employee/Children	Family
	\$4.44	\$8.66	\$5.30	\$9.21

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Plan Limitations and Exclusions

Limitations

During the first 12 months, following the effective date of coverage for an insured person, losses incurred for pre-existing conditions are not covered. After this 12 month period, benefits for such conditions will be payable unless specifically excluded from coverage. We will give credit for any time the insured person was covered under a similar policy immediately prior to the certificate effective date.

This pre-existing condition limitation does not apply to the Wellness Benefit.

The pre-existing condition exclusion period will be reduced for each insured person to the extent the pre-existing condition exclusion period was previously satisfied by similar coverage in force immediately prior to the insured's effective date of coverage under the policy.

Pre-Existing Conditions means Cancer or a specified disease for which an insured person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage for the insured person.

Exclusions

Benefits under the policy and any attached rider(s) will only be payable for diagnosis resulting from cancer (or specified diseases, if included). Benefits are not payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Any other disease or sickness;
2. Injuries;
3. Any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified disease or specified disease treatment (if included); or
 - b. Cancer or cancer treatment, or unless otherwise defined in the policy;
4. Care and treatment received outside the United States or its territories; or
5. New and experimental treatment by any program that does not qualify as new and experimental treatment under the Policy.

Plan is available in the following states:

NC, SC, GA

kemperbenefits.com

Policies issued by:

Reserve National Insurance Company

A Kemper Health Company

Oklahoma City, Oklahoma

Policy Form Number Series KB-EC-POL-0117 and KB-MC-0117, with Rider Form Series KB-EC-HASFDB and KB-MC-HASFDB-0117, KB-EC-ICU-0117 and KB-MC-ICU-0117, and KB-EC-BER-0117 and KB-MC-BER-0117. Form numbers may vary by state.

Kemper Health, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR), a diversified insurance holding company, with subsidiaries that provide an array of products to the individual and business markets. Kemper's underwriting companies are rated "A-" (Excellent) for financial strength and ability to meet policyowner obligations by A.M. Best Company, a leading insurance rating authority.

Kemper Corporation's underwriting company for the Kemper Health voluntary worksite life, accident and health insurance products is Reserve National Insurance Company, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. Kemper Corporation is not responsible for the products of any of its underwriting companies.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations, and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Health insurance plans, either separately or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act. Lack of minimum essential coverage may result in an additional tax payment.

IMPORTANT: If an individual is insured under the Kemper Health Cancer Insurance Policy and is also covered by Medicaid or a state variation of Medicaid, most benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Please consider your circumstances before enrolling in Kemper Health coverage.

©2019. All rights reserved.

INSURANCE BENEFITS PROVIDED BY RESERVE NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company

P.O. Box 9988

Austin, TX 78766-9988

Telephone: 844.613.6245 Fax: 844.473.8084

Email: service@kemperbenefits.com Website: kemperbenefits.com

WELLNESS BENEFIT CLAIM FORM UNDER CANCER/SPECIFIED DISEASE COVERAGE

Instructions to File a Claim:

- Please complete Insured/Claimant Statement and mail or fax the completed form to the address or fax number indicated above.
- In order to document the contents of this form, the Insured and Claimant (if an adult) must sign and date the completed claim form.
- Please attach a copy of itemized bill indicating patient name, date of service, name of provider, type of service, and diagnosis code.

Insured/Claimant Statement

Insured's Name (Last, First, Middle)	Policy/Certificate #	Social Security No.	Date of Birth	Sex																										
Address (Street, City, State, Zip)		Phone Number (With Area Code)																												
Claimant's Name	Date of Birth	Relationship to Insured																												
<p>Please circle the appropriate wellness screening and provide itemized bill.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abdominal aortic aneurysm ultrasound</td> <td style="width: 50%;">Fasting blood glucose test</td> </tr> <tr> <td>Blood test for triglycerides</td> <td>Flexible sigmoidoscopy</td> </tr> <tr> <td>Bone marrow testing</td> <td>Hemoccult stool analysis</td> </tr> <tr> <td>Breast ultrasound</td> <td>Mammography</td> </tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td> <td>Pap Smear</td> </tr> <tr> <td>CA 125 (blood test for ovarian cancer)</td> <td>PSA (blood test for prostate cancer)</td> </tr> <tr> <td>Carotid ultrasound</td> <td>Serum cholesterol HDL/LDL</td> </tr> <tr> <td>CEA (blood test for colon cancer)</td> <td>Serum protein electrophoresis (blood test for myeloma)</td> </tr> <tr> <td>Chest x-ray</td> <td>Stress Test</td> </tr> <tr> <td>Colonoscopy</td> <td>Thermography</td> </tr> <tr> <td>CT Angiography</td> <td></td> </tr> <tr> <td>EKG</td> <td></td> </tr> <tr> <td>Double contrast barium enema</td> <td></td> </tr> </table>					Abdominal aortic aneurysm ultrasound	Fasting blood glucose test	Blood test for triglycerides	Flexible sigmoidoscopy	Bone marrow testing	Hemoccult stool analysis	Breast ultrasound	Mammography	CA 15-3 (blood test for breast cancer)	Pap Smear	CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)	Carotid ultrasound	Serum cholesterol HDL/LDL	CEA (blood test for colon cancer)	Serum protein electrophoresis (blood test for myeloma)	Chest x-ray	Stress Test	Colonoscopy	Thermography	CT Angiography		EKG		Double contrast barium enema	
Abdominal aortic aneurysm ultrasound	Fasting blood glucose test																													
Blood test for triglycerides	Flexible sigmoidoscopy																													
Bone marrow testing	Hemoccult stool analysis																													
Breast ultrasound	Mammography																													
CA 15-3 (blood test for breast cancer)	Pap Smear																													
CA 125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)																													
Carotid ultrasound	Serum cholesterol HDL/LDL																													
CEA (blood test for colon cancer)	Serum protein electrophoresis (blood test for myeloma)																													
Chest x-ray	Stress Test																													
Colonoscopy	Thermography																													
CT Angiography																														
EKG																														
Double contrast barium enema																														

AUTHORIZATION

I HEREBY AUTHORIZE ANY HOSPITAL, PHYSICAN OR OTHER PROVIDER, INSURER OR OTHER THIRD-PARTY PAYER OR THE MEDICAL INFORMATION BUREAU TO FURNISH TO RESERVE NATIONAL INSURANCE COMPANY, OKLAHOMA CITY, OKLAHOMA, OR ITS REPRESENTATIVE, OR PERMIT SAID INSURANCE COMPANY, OR ITS REPRESENTATIVE, TO REVIEW ANY INFORMATION REQUESTED WITH RESPECT TO ANY ILLNESS OR ACCIDENT, MEDICAL HISTORY OR COPIES OF HOSPITAL AND MEDICAL RECORDS. THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION ABOUT COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND HUMAN IMMUNODEFICIENCY VIRUS, AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). A PHOTOSTATIC COPY OF THE AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL. I DECLARE THE ABOVE ANSWERS AND STATEMENTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE _____ INSURED'S SIGNATURE: _____

DATE _____ CLAIMANT'S SIGNATURE: _____

Critical Illness Insurance

Policy features and
benefits specially
prepared for:
City of Lyons



Be prepared for the unexpected

You may know someone who has been affected by a critical illness such as cancer, stroke or heart attack, and witnessed the resulting challenges. Are you prepared if a critical illness were to happen to you? Kemper Health Critical Illness insurance can help you when you need it most.

How it Works

1. Select a plan.
2. When the diagnosis of a covered critical illness occurs, the policy pays you a lump-sum benefit amount based on the policy you choose and the illness.
3. Should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness, the plan provides ongoing benefits.

Features & Extras

- Coverage is fully portable.
- Spouse/children covered at 50% of employee amount.

**Cash benefits are paid directly to the insured with
no restrictions on how the funds can be used.**

Our Critical Illness insurance policy provides a lump-sum benefit payment upon diagnosis of a covered illness, paid directly to you. It provides ongoing benefits should there be a reoccurrence of the same illness or an additional diagnosis of a different covered illness.

The cash benefit is paid directly to you and can be used any way you choose.

- Finding the best healthcare available—anywhere
- Hiring a nurse or caregiver to help at home
- Or whatever else you need

PRODUCT FEATURES AND BENEFITS	
Covered Conditions	100% of Benefit Amount for heart attack, stroke, major organ failure, end-stage renal failure, paralysis, complete loss of sight or hearing, coma, benign brain tumor
Partial Benefits	25% for advanced Alzheimer’s disease, advanced Parkinson’s disease, coronary artery disease (Bypass surgery)
Benefit Amount	\$10,000
Additional Occurrence Benefit	100% after 6 months
Reoccurrence Benefit	An additional lump-sum payment for a reoccurrence of the same covered critical illness, as long as the reoccurrence is more than 365 days from the date of initial diagnosis for that covered critical illness. A “reoccurrence” must be diagnosed as a reoccurrence, rather than a continuation of the initial covered occurrence. No limit on number of reoccurrences
Dependent Coverage	Spouse / child(ren) covered at 50% of employee amount
Portability	Fully portable regardless if group stays in force but still subject to the normal termination age

Exclusions and Limitations

Exclusions

Benefits under the Policy and any attached rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. A specified health event occurring prior to the effective date of coverage for an insured person (benefits are payable 12 months after the effective date of coverage, as provided in the Pre-existing Conditions Limitations provision);
2. Suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
3. Participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician’s instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
4. Participating in any sport or sporting activity for wage, compensation or profit;
5. Commission of or attempt to commit an assault or felony;
6. Engaging in an illegal activity or occupation;
7. Declared war or any act of declared war;
8. Travel in or descent from an aircraft, except while a fare-paying passenger;
9. An experimental major human organ transplant.

Limitations

Pre-Existing Condition Limitation: During the first 12 months following the effective date of coverage for an insured person, any specified health event that occurs due to a pre-existing condition is not covered and no benefits will be payable under the policy in connection with such specified health event. This Pre-Existing Condition Limitation does not apply to the wellness benefit. Pre-Existing Condition means any sickness, injury or condition for which medical advice, diagnosis or treatment was recommended by a physician or received from a physician within the one-year period before the effective date of coverage of the insured person.

Exclusions and limitations may vary by state.

*partial benefit

**CRITICAL ILLNESS
ISSUE AGE ENHANCED PLAN
WEEKLY RATES**

10,000 NON-TOBACCO

Age Band	Employee	Employee/ Spouse	Employee/ Children	Family
18-35	\$0.56	\$0.86	\$0.70	\$1.04
36-50	\$1.81	\$2.79	\$1.96	\$2.97
51-60	\$3.60	\$5.52	\$3.75	\$5.71
61-63	\$5.30	\$8.11	\$5.45	\$8.29
64+	\$7.51	\$11.44	\$7.66	\$11.62

10,000 TOBACCO

Age Band	Employee	Employee/ Spouse	Employee/ Children	Family
18-35	\$0.83	\$1.29	\$0.97	\$1.47
36-50	\$3.01	\$4.69	\$3.16	\$4.87
51-60	\$6.03	\$9.35	\$6.18	\$9.53
61-63	\$8.80	\$13.60	\$8.94	\$13.78
64+	\$12.26	\$18.88	\$12.41	\$19.07

