

Lakeview Specialty Hospital and Rehab

2024 - 2025 Employee Benefits Guide

An overview of the wide array of benefits provided by Lakeview Specialty Hospital and Rehab to help you enjoy increased well-being and financial security.



Introduction

As an employee of Lakeview Specialty Hospital and Rehab enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2024 - 2025 plan year, Lakeview Specialty Hospital and Rehab has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Lakeview Specialty Hospital and Rehab is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Lakeview Specialty Hospital and Rehab benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums



Telemedicine

Telemedicine is the practice of communicating electronically with a physician, typically via telephone or video chat. The medium has risen in popularity over the past few years, but the coronavirus pandemic has proven just how useful it can be.

During the pandemic, telemedicine has seen a significant increase in utilization. As the pandemic has progressed, many providers and hospitals have encouraged patients to utilize telemedicine instead of coming to the office or the hospital for non-life-threatening care. Given its convenience and ease of use, it's likely that doctors will continue to recommend virtual visits instead of in-person visits when applicable.

How does telemedicine work?

Every provider will deliver telemedicine services a little bit differently. Generally speaking, though, your virtual visit will take place via phone, video call on a laptop, tablet or cellphone; or through an app. The provider will ask you the same questions you'd be asked at an in-person visit and may recommend treatment based on their findings.

What can telemedicine be used for?

Telemedicine, which is commonly referred to as virtual visits, can be used for:

- General, non-life-threatening doctor's visits or consultations
- Mental health consultations or therapy sessions
- Physical therapy sessions, in some cases
- Follow-up appointments

What can't telemedicine be used for?

- Life-threatening or emergency situations
- Situations in which diagnostic care (e.g. blood work, imaging or lab tests) are required
- Situations of severe illness or complex conditions

Is telemedicine free?

Some telemedicine services may be covered under our health plan. Be sure to check your plan's explanation of benefits to avoid any surprise costs.

Refer to your plan documentation for more information.



Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Lakeview Specialty Hospital and Rehab, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

United PPO



Summary of Coverage

	In Network	Out Of Network
Deductible - Individual	\$5,000	\$10,000
Deductible - Family	\$10,000	\$20,000
Out of Pocket Maximum - Individual	\$6,500	\$20,000
Out of Pocket Maximum - Family	\$13,000	\$40,000
Co-insurance	80%	50%
Preventive / Wellness	100%	50%
Office Visits Primary / Specialist	\$0 / \$100	50%
Emergency Room	\$250 / Deductible	50%
Urgent Care	\$50	50%
Prescription Drugs		
Tier 1	\$10	\$10
Tier2	\$40	\$40
Tier 3	\$75	\$75
Tier 4	25%	25%

	Per Pay Period Pricing
Employee Only	\$83.98
Employee + Spouse	\$276.68
Employee + Child	\$250.66
Family	\$373.85



Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

Delta Low Plan



Summary of Coverage

	In Network	Out Of Network
Individual Annual Maximum	\$1,000	\$1,000
Deductible		
Individual / Family	\$50 / \$150	\$50 / \$150
Exams	100%	100%
Cleanings	100%	100%
Fluoride Treatments	100%	100%
X-rays, Sealants, Space Maintainers	100%	100%
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics / Periodontics	N/A	N/A
Extractions - nonsurgical	80%	80%
Extractions - surgical / oral surgery	N/A	N/A
Crowns, inlays, onlays, bridges, Dentures	N/A	N/A

	Per Pay Period Pricing
Single	\$8.12
Employee Spouse	\$18.36
Employee Child	\$21.55
Family	\$33.95

Delta High Plan



Summary of Coverage

	In Network	Out Of Network
Individual Annual Maximum	\$1,000	\$1,000
Deductible		
Individual / Family	\$50 / \$150	\$50 / \$150
Exams	100%	100%
Cleanings	100%	100%
Fluoride Treatments	100%	100%
X-rays, Sealants, Space Maintainers	100%	100%
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics / Periodontics	50%	50%
Extractions - nonsurgical	80%	80%
Extractions - surgical / oral surgery	80%	80%
Crowns, inlays, onlays, bridges, Dentures	50%	50%

	Per Pay Period Pricing
Single	\$15.46
Employee Spouse	\$30.90
Employee Child	\$42.60
Family	\$58.68



Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.

Vision



Summary of Coverage

	In Network	Out Of Network
Eye Exam	\$10 Copay	\$35
Frame/Contact Allowance	\$150	\$75
Exams/Lenses/Frames	12/12/24 months	12/12/24 months
Standard Plastic Lenses		
Single Vison	\$10	\$25
Bifocal	\$10	\$45
Trifocal	\$10	\$55
Standard Progressive	\$75	\$40

	Per Pay Period Pricing
Employee	\$2.76
Employee & Spouse	\$5.51
Employee & Child	\$5.63
Family	\$8.38



Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	100% of Annual Salary
Maximum benefit amount	\$285,000
AD&D benefit	100%
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
70 - 90	65% - 15%

Group life is 100% covered by the employer with the option of employees adding voluntary life.

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Life insurance isn’t a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.



Voluntary Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount	5 Times Annual Salary
Minimum benefit amount	\$10,000
Maximum benefit amount	\$500,000
AD&D benefit	5 Times Annual Salary
Spouse benefit	\$5,000 to \$100,000
Dependent benefit	\$2,000 to \$25,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
70 - 90	65% - 15%

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to you family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn’t fun to think about, it can be a vital lifeline for your family.



Disability Insurance Short-term

Summary of Coverage

Plan Features	Short Term Disability
Employee benefit amount	60% of your basic weekly earnings
Maximum benefit amount	\$700
Elimination period (Accident)	7 days
Elimination period (Sickness)	7 days
Benefit duration	12 weeks

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins within one to 15 days of the event causing your disability. The coverage allows you to continue to receive pay at a fixed weekly amount or a set percentage of your income.

STD typically lasts for about 10 to 26 weeks, although this varies by policy. When STD coverage ends, long-term disability (LTD) coverage typically takes effect.



Disability Insurance Long-term

Summary of Coverage

Plan Features	Long Term Disability
Employee benefit amount	60% monthly income
Maximum benefit amount	\$5,000
Elimination period	90 days
Benefit duration	Social Security Normal Retirement

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you’re covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted, typically after three to six months.

The length of LTD plans varies—some may be limited to a period between two and 10 years, while other plans continue paying out until age 65.



Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

You may also be able to carry over up to \$500 of unused funds to the following year. Refer to your FSA documentation for more details.

Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Refer to your FSA documentation for more information.



> Term Life Insurance



Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Lakeview Neurorehab Center Midwest, Inc dba Lakeview Specialty Hospital & Rehab, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - LIFE: ALL ELIGIBLE EXECUTIVE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS	
Life Insurance Benefit Amount	For You: An amount equal to 2 times your annual salary, but in no event less than \$20,000 or more than \$400,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$200,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: <div> <div>- Childcare</div> <div>- Child Education</div> <div>- Seat Belt</div> <div>- Airbag</div> <div>- Common Carrier</div> <div>- Dependent Continuation of Coverage</div> <div>- Spouse Education</div> </div>
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .
AGE REDUCTIONS AND EXCLUSIONS	
Insurance benefits and guarantee issue amounts are subject to age reductions: <div> <div>- At age 65, amounts reduce to 65%</div> <div>- At age 70, amounts reduce to 50%</div> </div> <p>Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.</p> <p>Please contact your employer if you have questions prior to enrolling.</p>	

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 50%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





> Voluntary Term Life Insurance



Help Protect What Matters – You, Your Family & Your Future

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We've Got You Covered

As an active employee of Lakeview Neurorehab Center Midwest, Inc dba Lakeview Specialty Hospital & Rehab, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - VTL: ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$100,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit,	100% of employee's benefit, up to \$100,000

		up to \$25,000	
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

FEATURES

Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	<p>If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount.</p> <p>This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).</p>
Additional AD&D Benefits	<p>In addition to basic AD&D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> - Childcare - Airbag - Common Carrier - Child Education - Spouse Education - Dependent Continuation of Coverage - Seat Belt - Repatriation
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 45%
- At age 80, amounts reduce to 30%
- At age 85, amounts reduce to 20%
- At age 90, amounts reduce to 15%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 24	\$0.35	\$0.69	\$1.04	\$1.38	\$1.73	\$2.08	\$2.42	\$2.77	\$3.12	\$3.46
25 - 29	\$0.39	\$0.78	\$1.18	\$1.57	\$1.96	\$2.35	\$2.75	\$3.14	\$3.53	\$3.92
30 - 34	\$0.48	\$0.97	\$1.45	\$1.94	\$2.42	\$2.91	\$3.39	\$3.88	\$4.36	\$4.85
35 - 39	\$0.55	\$1.11	\$1.66	\$2.22	\$2.77	\$3.32	\$3.88	\$4.43	\$4.98	\$5.54
40 - 44	\$0.75	\$1.50	\$2.26	\$3.01	\$3.76	\$4.51	\$5.27	\$6.02	\$6.77	\$7.52
45 - 49	\$1.13	\$2.25	\$3.38	\$4.50	\$5.63	\$6.76	\$7.88	\$9.01	\$10.14	\$11.26
50 - 54	\$1.70	\$3.41	\$5.11	\$6.81	\$8.52	\$10.22	\$11.92	\$13.62	\$15.33	\$17.03
55 - 59	\$2.52	\$5.04	\$7.56	\$10.08	\$12.60	\$15.12	\$17.64	\$20.16	\$22.68	\$25.20
60 - 64	\$3.73	\$7.47	\$11.20	\$14.94	\$18.67	\$22.40	\$26.14	\$29.87	\$33.60	\$37.34
65 - 69	\$6.25	\$12.50	\$18.75	\$25.00	\$31.25	\$37.50	\$43.74	\$49.99	\$56.24	\$62.49
70 - 74	\$11.04	\$22.07	\$33.11	\$44.14	\$55.18	\$66.21	\$77.25	\$88.28	\$99.32	\$110.35
75+	\$22.23	\$44.46	\$66.70	\$88.93	\$111.16	\$133.39	\$155.63	\$177.86	\$200.09	\$222.32

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 24	\$0.24	\$0.47	\$0.70	\$0.93	\$1.17	\$1.40	\$1.63	\$1.86	\$2.10	\$2.33
25 - 29	\$0.26	\$0.51	\$0.77	\$1.02	\$1.28	\$1.54	\$1.80	\$2.05	\$2.31	\$2.56
30 - 34	\$0.30	\$0.59	\$0.88	\$1.17	\$1.47	\$1.76	\$2.05	\$2.34	\$2.64	\$2.93
35 - 39	\$0.38	\$0.76	\$1.14	\$1.51	\$1.89	\$2.27	\$2.65	\$3.03	\$3.41	\$3.78
40 - 44	\$0.51	\$1.02	\$1.52	\$2.03	\$2.54	\$3.05	\$3.55	\$4.06	\$4.57	\$5.08
45 - 49	\$0.77	\$1.53	\$2.29	\$3.06	\$3.82	\$4.58	\$5.35	\$6.11	\$6.88	\$7.64
50 - 54	\$1.79	\$3.58	\$5.37	\$7.16	\$8.95	\$10.74	\$12.54	\$14.33	\$16.12	\$17.91
55 - 59	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.79	\$27.90	\$30.99
60 - 64	\$5.37	\$10.74	\$16.11	\$21.48	\$26.85	\$32.22	\$37.59	\$42.96	\$48.33	\$53.70
65 - 69	\$9.54	\$19.08	\$28.63	\$38.17	\$47.71	\$57.25	\$66.80	\$76.34	\$85.88	\$95.42

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*				
\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.31	\$0.62	\$0.93	\$1.24	\$1.55

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 70, amounts reduce to 65%
 - At age 75, amounts reduce to 45%
 - At age 80, amounts reduce to 30%
 - At age 85, amounts reduce to 20%
 - At age 90, amounts reduce to 15%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





> Voluntary Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Lakeview Neurorehab Center Midwest, Inc dba Lakeview Specialty Hospital & Rehab, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - VSTD: ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none">• On the 8th day of your disabling injury.• On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 12 weeks
Maximum Weekly Benefit	\$700

Minimum Weekly Benefit	None
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

BI-WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$1,166.67)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0240923</u>	<u>0.0240923</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>18.53</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.



> Voluntary Long-Term Disability Insurance



Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

We've Got You Covered

As an active employee of Lakeview Neurorehab Center Midwest, Inc dba Lakeview Specialty Hospital & Rehab, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - VLTD: ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS

Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

BI-WEEKLY PREMIUM CALCULATION		AGE	PREMIUM FACTOR
		< 30	0.0016615
		30 - 34	0.0025385
		35 - 39	0.0034154
		40 - 44	0.0051231
		45 - 49	0.0062769
		50 - 54	0.0086769
		55 - 59	0.0091385
		60 - 64	0.0082154
		65 - 69	0.0059538
		70+	0.0029077

		EXAMPLE (42-year-old employee earning \$40,000 a year)	
List your monthly earnings (Maximum is \$8,333.33)	\$ _____	\$	3,333.33
Multiply by the premium factor	_____		0.0051231
Your Estimated Bi-Weekly Premium**	\$ _____	\$	17.08

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 12/12 which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





Pet Insurance

Pet insurance provides coverage for pet illnesses and accidents. These plans are somewhat similar to your own health insurance plan, but with more focus on unforeseen medical incidents rather than routine preventive visits. Most pet plans cover dogs and cats, though some may cover other animals, such as chameleons, chinchillas, geckos, gerbils, goats, mice, lizards, hamsters, potbellied pigs, rabbits, rats, snakes and tortoises.

Although most pet owners budget for routine care, surprise accidents and illnesses can be costly. If you're a pet owner who would spend any amount to save your animal friend, pet insurance might be a good option to protect your finances from unexpected vet bills.




Now You Can Play More and Worry Less

**Available now: New and improved pet insurance
for your furry family members.**

If you haven't had pet insurance in the past, here's why you should consider it.

If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy, and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance, underwritten by Independence American Insurance Company, to our employees.

 **Average emergency vet
visit costs \$800 to \$1,500¹**

 **1 in 3 pets need urgent
care each year²**

We've selected **PetPartners** to be your partner in pet protection. Since 2002, PetPartners has helped pet parents keep their cats and dogs safe and healthy by providing affordable pet insurance.

What's Covered

- Pre-Existing Conditions*
- Broken Bones
- Diagnostics
- Surgery
- Prescription Medication
- Alternative Treatments**
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues**
- Cancer
- Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. Here's how it works:

- 1** Visit your vet (or any licensed vet or clinic)
- 2** Pay your vet then submit a claim
- 3** Get reimbursed for eligible expenses

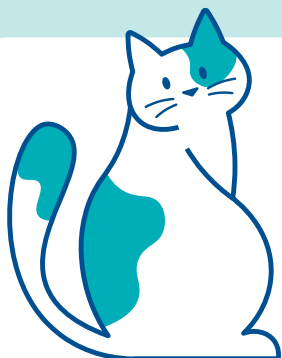
Protect your pets this open enrollment. Enroll by visiting

How to Enroll in Group Pet Insurance

Ready to protect your pet? Get started here:

- 1** Log into the **Group Pet Portal** using the email address on file with your employer.
- 2** Click the **Enroll** button.
- 3** Enter your pet's **Name, Age, Breed, and Weight**.
No medical info is required at enrollment.
- 4** **Select the best plan** for you and your pet.
Tip: Insuring more than one pet? Click the "+ add pet" button to enroll additional pets.
- 5** Review your enrollment Summary and click **Submit**.
You will receive email confirmation that your enrollment is complete.

It's that simple!



Need help logging in or enrolling? We're here to help.

Contact PetPartners Customer Care:

800-956-2495 | mypolicy@petpartners.com

How to Submit a Claim



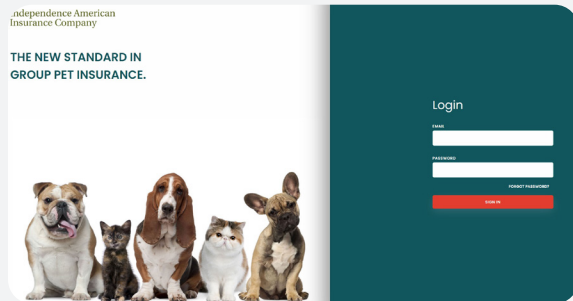
Play more and worry less about unexpected vet bills

We know time is precious, especially when your furry family member needs veterinary care. Please refer to the step-by-step guide for submitting a claim to ensure timely processing.

Guide to Group Pet Employee Portal Claim Submission

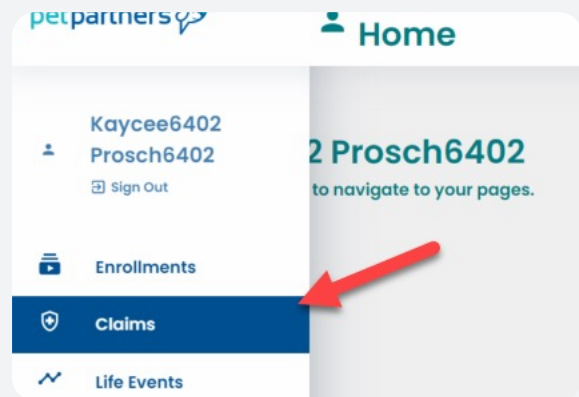
STEP 1

Access the Portal at:
<https://portal.independenceamerican.com>



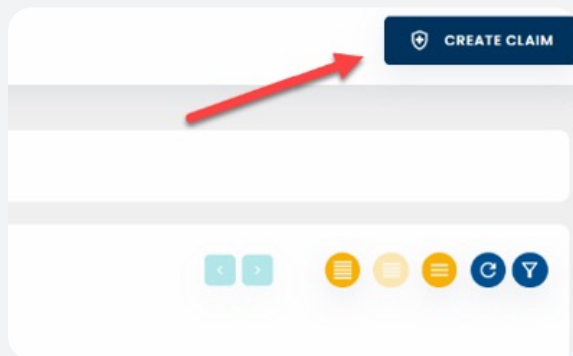
STEP 2

Click on the "Claims" tab



STEP 3

Click on the "Create Claim" button on the top right of the screen



STEP 4

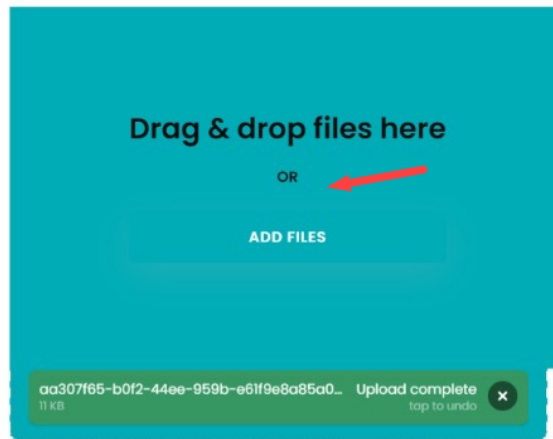
Complete the Claim Submission Form

The screenshot shows the Claim Submission Form. It has two main sections. The first section is labeled "POLICY NUMBER*" and contains a text input field with the value "W9B6DV". The second section is labeled "SELECT PET*" and contains a dropdown menu with the value "Bella3".

STEP 5

Upload relevant invoices for this claim

PLEASE UPLOAD ALL RELEVANT INVOICE FOR THIS CLAIM. WE ACCEPT PDF, JPG, JPEG, PNG, DOC & DOCX FILE FORMAT.



STEP 6

Enter your preferred reimbursement method (check/ACH)

REIMBURSEMENT METHODS*

ACH

BANK NAME

Chase

ACCOUNT NUMBER*

STEP 7

Read and Accept the Disclaimer Notice then click to Submit

State law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may subject to fines and confinement in prison.

☒ I AGREE

SUBMIT

You Can View Claim Status Any Time

By clicking on the Claim icon, you can view the progress of all of your submitted claims.

petpartners

CLAIMS
Dashboard

Please contact the Customer Care team at (800) 956-2495

All Claims ▾

Claim Number

Other Ways to Submit a Claim

1. Email: myclaims@petpartners.com

2. Mail: PO Box 37940
Raleigh, NC 27627

3. Fax: 919-859-8193

If you prefer, you may request a claim form by calling Customer Service at **800-956-2495** or by sending an email to myclaims@petpartners.com.

Lakeview Specialty Hospital and Rehab

2024 - 2025 Employee Benefits Guide



Prepared by Wisconsin Insurance Brokerage for Lakeview Specialty Hospital and Rehab