Richmond Heights Schools

Benefits, built around you.

Your 2026 Employee Benefit Guide

Offered through the Lake County Schools Council Health Care Program

RESOURCES & CONTACTS

Carrier Contacts

Every carrier, phone number, and website for your 2026 benefits.

Benefit	Carrier	Phone	Website
Medical	Medical Mutual of Ohio	(800) 315-3137	medmutual.com
Nurse Line	Medical Mutual of Ohio	(888) 912-0636	medmutual.com
Diabetes Support	lark	(800) 590-2583	lark.com
Physical Therapy Support	sword	(385) 430-1424	join.swordhealth.com/medmutual
SmartShopper	SmartShopper®	(877) 292-1541	medmutual.smartshopper.com
Prescriptions	trueRx Health Strategists	(866) 921-4047	truerx.com
Dental	Medical Mutual of Ohio	(866) 336-8261	medmutual.com
Vision	VSP	(800) 877-7195	vsp.com
Employee Assistance	AllOne Health	(800) 451-1834	allonehealth.com/portal
Life and AD&D	OneAmerica	(800) 553-5318	oneamerica.com
Enrollment	benefitsolver	(833) 989-1966	benefitsolver.com

ENROLLMENT, RESOURCES, AND SUPPORT

Log in to Benefitsolver.com (company key: lakecounty) to view plan documents, watch short how-to videos, and use the Reference Center to get the most from your plan.

This guide summarizes the benefit plans available to eligible employees and their eligible dependents. Official plan documents govern your benefits; if there is any conflict, the official documents prevail. This is not a guarantee of benefits.

WELCOME

What's Inside Your 2026 Guide

At Richmond Heights Schools, we know our success depends on you. That's why we offer a comprehensive, competitive benefits program built to support you and your family — and that's easy to understand, easy to use, and affordable. Use this guide to compare your options and enroll with confidence.

ELIGIBILITY & ENROLLMENT

Who Qualifies for Coverage

Most full-time employees and their families can enroll. Here's who's eligible, when coverage starts, and when you can make changes during the year.

Eligible employees

You may enroll if you work at least 30 hours per week, or as defined in your collective bargaining agreement.

Eligible dependents

Your spouse and children up to age 26 (coverage ends at the end of the birthday month).

When coverage begins

Coverage begins on the 1st of the month following date of hire. Open Enrollment elections take effect January 1 of the following year.

Making changes

Changes outside of Open Enrollment can only be made if you experience a Qualifying Life Event.

QUALIFYING LIFE EVENTS (QLE)

A Qualifying Life Event (QLE) allows you to make changes to your benefits outside the annual Open Enrollment period. It is your responsibility to submit all requests and required documentation through Benefitsolver within 30 days of the event — otherwise you may have to wait until the next Open Enrollment to make changes. More details are below.

WHAT COUNTS AS A QLE?

- Marriage, divorce, or legal separation
- Birth, adoption, or placement of a child
- Death of a covered dependent
- You or a dependent gaining or losing other coverage
- A dependent gaining or losing eligibility (e.g., turning 26)

TO REPORT A QLE GO TO BENEFITSOLVER.COM >> LIFE EVENTS >> UPDATE

HOW TO ENROLL

Enrolling Is Easy at Benefitsolver

Make your elections online in just a few minutes. Here's how — plus what to have handy before you start.

1

Log in

Visit benefitsolver.com and select "Register." Enter the Company Key **lakecounty**, verify your demographic information, and follow the prompts to securely set up your account.

2

Get started

Click Start Here and follow the prompts. Watch your deadline — you can only change elections during Open Enrollment or after a qualifying event.

3

Review your options

Compare plan details, carrier specifics, and resources in the Reference Center before you choose.

4

Make your elections

Move through each benefit, select your plans and who to cover, then review your choices and costs before you submit.

WHAT YOU'LL NEED

Dependents' dates of birth and SSNs, your beneficiary details, and your plan choices. Reset a password from the login page anytime.

NEED HELP?

Call Benefitsolver Member Services at 833-989-1966, or download the MyChoice mobile app to manage your benefits on the go.

benefitsolver

MEDICAL · HOW THE PLANS WORK

Pick the Option That Fits You

Plans are offered through Medical Mutual of Ohio for medical and TrueRx for pharmacy. Choose the CDHP for a lower paycheck premium and a tax-free account you control — or buy up to a traditional plan for more comprehensive coverage and predictable out of pocket cost.

BEFORE YOU ENROLL – CONSIDER THE OPT-OUT INCENTIVE!

Employees who waive medical, dental, and vision coverage through the district may be eligible for an annual opt-out incentive of $1,000 for single coverage or $2,000 for family coverage. To be eligible, provide proof of other coverage on an annual basis. Contact the Treasurer's office for more details.

CDHP
with HSA

Our best overall value — with the power to save for future healthcare expenses, tax-free. Eligible enrollees may qualify for a tax-free HSA contribution of up to **$500**!

	PER PERSON / FAMILY
Deductible	$3,400 / $6,000
After the Deductible	10%
Coinsurance Maximum	$600 / $2,000
Out-of-Pocket Maximum	$4,000 / $8,000

Standard Plan 1
Traditional PPO

Traditional coverage that balances real value with an affordable rate. Preventive care is **fully covered at no cost to you**, while most other services apply toward the Plan's deductible.

	PER PERSON / FAMILY
Deductible	$500 / $1,000
After the Deductible	20%
Coinsurance Maximum	$2,000 / $4,000
Out-of-Pocket Maximum	$6,600 / $13,200

MEDICAL · WHAT YOU PAY

Medical & Prescription Highlights

Amounts shown below are for in-network services and on a per Individual or maximum for the Family basis.

MMO Medical Coverage	CDHP	Standard Plan 1
Annual Deductible (Single / Family)	$3,400 / $6,000	$500 / $1,000
Coinsurance Maximum (Single / Family)	$600 / $2,000	$2,000 / $4,000
Out-of-Pocket Limit (Single / Family) *Deductible + Coinsurance + Copays*	$4,000 / $8,000	$6,600 / $13,200
Coinsurance *The Amount You Pay After The Deductible*	10%	20%
Preventive Care *Routine Exams & Screenings*	100%	100%
Primary Care Visit	Deductible + 10%	Deductible + 20%
Specialist Visit	Deductible + 10%	Deductible + 20%
Urgent Care	Deductible + 10%	Deductible + 20%
Emergency Room	Deductible + 10%	$75 Copay
Facility Expenses *Inpatient Or Outpatient*	Deductible + 10%	Deductible + 20%

TrueRx Prescription Coverage	CDHP	Standard Plan 1
Tier 1 | Generic (30-day supply)	Deductible + 10%	$10 Copay
Tier 2 | Preferred Brand (30-day supply)	Deductible + 10%	$30 Copay
Tier 3 | Non-Preferred (30-day supply)	Deductible + 10%	$50 Copay
Tier 1 | Generic (90-day supply)	Deductible + 10%	$20 Copay
Tier 2 | Preferred Brand (90-day supply)	Deductible + 10%	$60 Copay
Tier 3 | Non-Preferred (90-day supply)	Deductible + 10%	$100 Copay

Check plan details to learn more about ACA Preventive Medications which may be covered at $0 cost to you.
Manage your benefits in the **TrueRx+ app** — member.myplantruerx.com · 866-921-4047.

MEDICAL · CDHP ONLY

Your Health Savings Account

For eligible participants, a Health Savings Account (HSA) is a tax-advantaged account available with the CDHP. With the HSA, you can set aside money in addition to the employer's contribution, for qualified healthcare expenses while enjoying valuable tax benefits.

RICHMOND HEIGHTS FUNDS IT!

Coverage Type	Initial Contribution
Employee only	$250
Employee + spouse	$500
Employee + child(ren)	$500
Family	$500

AND YOU CAN ADD MORE

Contribute your own pre-tax dollars up to the 2026 IRS maximum — $4,400 single or $8,750 family (including Richmond Heights's deposit), plus $1,000 more if you're 55+. Keep in mind, employer contributions to your HSA count toward the annual limit.

TRIPLE TAX ADVANTAGE

Money goes in tax-free, grows tax-free, and comes out tax-free when you use it for qualified health expenses.

WHY THE HSA IS WORTH IT

IT'S YOURS TO KEEP
Unused dollars roll over every year and go with you if you leave or retire.

BUILD FOR THE FUTURE
Once your balance passes $1,000 you can invest it for the future.

USE IT YOUR WAY
Use it for deductibles, copays, prescriptions, dental, vision, and more.

EASY ACCESS, ANYTIME
Check your balance anytime under My Spending Accounts in the MedMutual app or Wealthcare portal.

MANAGE YOUR COVERAGE · MEDICAL MUTUAL & TRUERX

MedMutual & TrueRx Apps & Tools

Two free apps put your plan in your pocket — the MedMutual app for your medical coverage and the TrueRx+ app for pharmacy. Manage everything from your phone.

MEDICAL MUTUAL APP

- Claims & EOBs — What you owe
- Digital ID cards
- Track deductible & out-of-pocket
- Find care & compare costs
- HSA, FSA & HRA balances
- Wellness portal & courses

DOWNLOAD THE APP

Search “MedMutual” in the App Store or Google Play Store, then log in or create your account.

TRUERX✦ PHARMACY APP

- View your member ID card
- Compare medication prices
- Rx, deductible & OOP status
- Track prior authorizations
- Set refill reminders
- Chat with a Health Strategist

DOWNLOAD THE APP

Search “TrueRx+” in the App Store or Google Play Store, then log in or create your account.

SAVE MONEY · MEDICAL MUTUAL + SMARTSHOPPER

Earn Rewards with SmartShopper

SmartShopper helps you save money by comparing prices for eligible medical procedures before you receive care. Simply shop for participating providers, choose a high-value location, and you could earn a cash reward while getting great care *and* lowering your out-of-pocket cost.

1

Check if your procedure qualifies

When your doctor recommends a test or procedure, call SmartShopper or visit the member website to see if it's eligible for a reward.

2

Compare in-network providers

SmartShopper shows nearby high-quality, cost-effective locations and estimates your out-of-pocket costs.

3

Schedule & earn your reward

Choose a cost-effective location and book. After your claim is paid, a reward check arrives in about 6–8 weeks.

ELIGIBLE SERVICES INCLUDE

- MRI
- CT Scan
- Colonoscopy
- Mammogram
- Ultrasound & X-ray
- Bone Density
- Carpal Tunnel
- Cataract Removal
- Hernia Repair
- Hip Replacement
- Knee Replacement
- Shoulder Surgery
- Sinus Surgery
- Spinal Fusion
- Hysterectomy
- Cardiac Procedure
- Sleep Study
- Tonsils & Adenoids

REWARDS FROM $25 TO $750

Choose a recommended high-value in-network provider and earn a cash reward — all while receiving the same covered care!

Visit MedMutual.SmartShopper.com or simply call the Care Concierge Team at 877-292-1541 to get started!

MEDICAL · GETTING CARE

Where to Go for Care

Not an emergency? You have options that save time and money. Use this chart to pick the right setting — and call the free Nurse Line anytime you're unsure.

Symptom	ER / 911	Urgent Care	Walk-In Clinic	Primary Care	Telehealth
Cold, flu & sinus symptoms		●	●	●	●
Sore throat / ear infection		●	●	●	●
Pink eye / minor rash		●	●	●	●
Allergies			●	●	●
Urinary tract infection		●	●	●	●
Sprain, strain or minor injury		●	●	●	
Minor cut or burn		●	●	●	
Back pain (minor)		●		●	●
Anxiety or depression				●	●
Annual preventive visit				●	
Minor broken bone		●			
Chest pain / stroke signs	●				
Severe bleeding or injury	●				

MEDICAL MUTUAL NURSE LINE — AVAILABLE FREE 24/7

Immediate consultation with a nurse is just a phone call away — 24/7, at no added charge. You'll speak directly with an experienced nurse (no triage, no hold) about a wide range of health concerns.

Call 1-888-912-0636. In a life-threatening emergency, always call 911 or go to the nearest ER.

TELEHEALTH VIRTUAL CARE

Why wait? With Teladoc, you can connect with a licensed provider by phone or video, 24/7 — from home, work, or on the go. It's a fast, convenient option for everyday concerns like cold and flu symptoms, allergies, sinus infections, rashes, and prescription refills, for less than an urgent care or ER visit. **Call 1-800-835-2362 or visit teladoc.com to get started.**

DENTAL & VISION

Round Out Your Coverage

Preventive dental and an annual eye exam keep small problems small — and both come with allowances that stretch your dollars further.

DENTAL

Medical Mutual of Ohio

Coverage	In-Network
Annual Deductible *Individual / Family*	$25 / $50
Preventive Care *Exams, cleanings*	Covered 100%
Basic Services *Fillings, extractions*	Covered 80% After Deductible
Major Services *Crowns, dentures, bridges*	Covered 80% After Deductible
Orthodontia *All members · $1,500 lifetime*	Covered 60%
Annual Maximum *What the plan pays per year*	$2,500

VISION

VSP Vision Care

Coverage	In-Network
Eye Exam *Once per calendar year*	$10 Copay
Single-Vision Lenses	$15 Copay
Bifocal Lenses	$15 Copay
Frames Allowance *Then 20% off the balance*	$150
Contacts (Elective) *In lieu of glasses*	$150
Frequency	Every calendar year

MAKE THE MOST OF DENTAL

A healthy smile starts with preventive care. Regular dental checkups and cleanings help catch problems early, keeping your mouth healthy while helping you avoid more costly treatment down the road.

MAKE THE MOST OF VISION

Routine eye exams do more than update your prescription — they can also detect early signs of vision changes and other health conditions. Use your vision benefits to protect your eye health while saving on exams, glasses, and contact lenses.

LIFE INSURANCE

Protect the People Who Count on You

Life insurance helps protect the people who matter most. Basic Life Insurance is provided to you at no cost as part of your benefits package. For added peace of mind, you may also purchase additional coverage to better meet your family's financial needs.

Basic Life & AD&D

Employer-paid coverage, automatic for most employees — at no cost to you. Contact HR for information on your benefit amount.

Voluntary Life & AD&D

Optional coverage you can buy for yourself, your spouse, and your children through One America.

Voluntary Life & AD&D	Coverage amount	Guaranteed Issue
Employee	$10,000 – $300,000 (in $1,000 increments)	$200,000
Spouse	$5,000 / $10,000 / $15,000 / $20,000	$20,000
Child(ren) to age 26	$2,500 / $5,000 / $7,500 / $10,000	$10,000

DON'T FORGET TO NAME YOUR BENEFICIARY

Your beneficiary is the person (or people) who will receive your life insurance benefit if you pass away. Review your designation often and update it whenever you experience a major life event — marriage, divorce, the birth of a child, or the loss of a loved one.

WHAT IS GUARANTEE ISSUE?

Guarantee Issue is the most Voluntary Life and AD&D coverage you can elect **without proving you are in good health.**

- Up to this amount: no health questions and no medical exam.
- Above this amount: you must submit Evidence of Insurability (EOI), and the extra coverage takes effect only after the carrier approves it.
- When enrolling, the Benefitsolver system will identify if EOI is required. Complete it online at www.oneamerica.com/eoi (Client ID U462616).

EMPLOYEE ASSISTANCE PROGRAM

Support for Your Whole Household

Life happens. The EAP through AllOne Health gives you free, confidential support — you don't need to be enrolled in a medical plan to use it.

CONTACT ALLONE HEALTH

Call 800-451-1834

Online at:

Allonehealth.com

Company code:

LCSCeap

WHAT'S INCLUDED

- Up to 6 free counseling sessions per person, per issue
- 100% confidential — in person, phone, video, or chat
- Mental health and wellness coaching
- Work / life referral services
- Legal, financial & identity-theft consultation

WHEN TO REACH OUT

Stress or anxiety, grief, relationship or family concerns, a tough financial or legal question, finding child or elder care, or just needing someone to talk to. Reach out anytime — confidential resources are available at no cost to you and your household members.

IMPORTANT PLAN NOTICES

This packet of notices related to our health care plan includes a notice regarding how the Plan's prescription drug coverage compares to Medicare Part D. If you or a family member is also enrolled in Medicare Parts A or B but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice from Richmond Heights Schools About Your Prescription Drug Coverage and Medicare."

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources at (216) 692-0086.

SECTION 125 INFORMATION

This plan is available if an employee enrolls in the health plan. A Section 125 Plan is a valuable benefit that allows employees to save tax dollars. Employees may choose this option when they enroll in the health plan. Employee contributions to the health plan will be deducted from their paycheck pre-tax unless they choose otherwise at enrollment.

By electing pre-tax coverage in the health plan, employees give Richmond Heights Schools permission to deduct their premium contribution before tax. Once enrolled, changes can be made only on the plan's anniversary date or as a result of a qualifying event. In the event of a contradiction between the information in this overview and the Section 125 Plan Document, the Plan Document shall be considered the controlling document.

NOTICE OF AVAILABILITY OF THE RICHMOND HEIGHTS SCHOOLS EMPLOYEE BENEFIT PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

Lake County Schools Council Health Care Benefits Program (the "Plan") provides health benefits to eligible employees of Richmond Heights Schools, (the "Organization") and their eligible dependents as described in the Summary Plan Description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents while providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information.

To receive a copy of the Plan's Notice of Privacy Practices, you can contact Human Resources at (216) 692-0086, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

GINA WARNING FOR PROGRAM MATERIALS REQUESTING MEDICAL INFORMATION

In answering questions as part of Lake County Schools Council Health Care Benefits Program, do not include any genetic information.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

WOMEN’S HEALTH AND CANCER RIGHTS NOTICE

Lake County Schools Council Health Care Benefits Program is required by law to provide you with the following notice:

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) provides certain protections for individuals receiving mastectomy-related benefits. Your Plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

Lake County Schools Council Health Care Benefits Program provides medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact Human Resources at (216) 692-0086.

NOTICE REGARDING WELLNESS PROGRAM

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (216) 692-0086 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Richmond Heights Schools may elect to offer a voluntary wellness program that is available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual physical.

You are not required to complete the HRA or to participate in any additional screenings. However, employees who choose to participate in the wellness program may be eligible for an incentive. Although you are not required to complete the HRA or participate in the screenings, only employees who do so will receive the incentive.

Additional incentives may be available for employees participating in certain health-related activities or achieving certain health outcomes. If you cannot participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at Richmond Heights Schools.

The information from your HRA and the results from your biometric screening will help you understand your current health and potential risks. They may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your doctor.

PROTECTION FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Richmond Heights Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, Richmond Heights Schools will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information to provide you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those individuals who you specifically authorize to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used to make any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide while participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please get in touch with Human Resources at (216) 692-0086.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

STATE PREMIUM ASSISTANCE CONTACTS — MEDICAID & CHIP (as of July 31, 2025)

ALABAMA – Medicaid

ALASKA – Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

CALIFORNIA – Medicaid

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

Health Insurance Premium Payment (HIPP) Program Website:
http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

FLORIDA – Medicaid

Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442

Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

INDIANA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2

Health Insurance Premium Payment Program
All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

KANSAS – Medicaid

Medicaid Website:
Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

LOUISIANA – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

MASSACHUSETTS – Medicaid and CHIP

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

MISSOURI – Medicaid

Website:
https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672

Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

NEBRASKA – Medicaid

STATE PREMIUM ASSISTANCE CONTACTS (continued)

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

SOUTH DAKOTA - Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

UTAH – Medicaid and CHIP

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid

VIRGINIA – Medicaid and CHIP

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

WEST VIRGINIA – Medicaid and CHIP

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/
Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

WYOMING – Medicaid

Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

Website:
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid

NEW HAMPSHIRE – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

Website:
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

NEW YORK – Medicaid

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

NORTH DAKOTA – Medicaid

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

OREGON – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

RHODE ISLAND – Medicaid and CHIP

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

IMPORTANT: CONTINUATION COVERAGE RIGHTS UNDER COBRA WITH RICHMOND HEIGHTS SCHOOLS

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources at Richmond Heights Schools by calling (216) 692-0086 or sending written notice to Richmond Heights Schools at 447 Richmond Road, Richmond Hts, OH 44143.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.
- If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Richmond Heights Schools
Human Resources – Benefits
447 Richmond Road, Richmond Hts, OH 44143
(216) 692-0086

Important Notice from Richmond Heights Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Richmond Heights Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Richmond Heights Schools has determined that the prescription drug coverage offered by Lake County Schools Council Health Care Benefits Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

ENROLLING IN MEDICARE—GENERAL RULES

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months before your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

LATE ENROLLMENT AND THE LATE ENROLLMENT PENALTY

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty). If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

SPECIAL ENROLLMENT PERIOD EXCEPTIONS TO THE LATE ENROLLMENT PENALTY

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

COORDINATING OTHER COVERAGE WITH MEDICARE PART D

Generally speaking, if you decide to join a Medicare drug plan while covered under Lake County Schools Council Health Care Benefits Program due to your employment (or someone else's employment, such as a spouse or parent), your coverage under Lake County Schools Council Health Care Benefits Program will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Richmond Heights Schools prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Richmond Heights Schools changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	July 10, 2026
Name of Entity/Sender:	Richmond Heights Schools
Contact--Position/Office:	Human Resources
Address:	447 Richmond Road, Richmond Hts, OH 44143
Phone Number:	(216) 692-0086

LCSC

THE LAKE COUNTY SCHOOLS COUNCIL

This guide summarizes the benefit plans available to eligible employees and their eligible dependents. Official plan documents govern your benefits; if there is any conflict, the official documents prevail. This is not a guarantee of benefits.