Plan Highlights

Voluntary Group Critical Illness Insurance



Wills Eye Hospital

COVERAGE

Voluntary critical illness insurance provides a fixed, lump- sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Employees: All eligible employees.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ➤ Your dependent children* from birth to 26 years.
 - *An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$12,500.

GUARANTEED ISSUE

Employee: \$15,000 **Spouse:** \$15,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
70	50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

Please see the attached rate table for your age specific premium.

RELIANCE STANDARD

A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

FEATURES

DIAGNOSIS ADULT	BENEFIT
Carcinoma In Situ	25%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Major Organ Failure	100%
Stroke	100%

- Lifetime Maximum Benefit 200% of Insurance Amount
- Subsequent Occurrence Benefit 100% of benefit if diagnosed 6 months or later
- Recurrence Benefit (Same Illness) 50% of benefit if diagnosed 18 months or later
- FMLA / MSLA Continuation
- Portability to employee age 70
- Wellness (Health Screening) Benefit \$50

Benefit Waiting Period = 30 days

Pre-Existing Condition Limitation - A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an Insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (6 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illness is diagnosed after the coverage period (12 months) from the Insured's effective date of coverage (or effective date of an increase).

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state.

It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118. et al.