

## Plan Highlights

# Voluntary Group Critical Illness Insurance



### Citizens Memorial Hospital

#### COVERAGE

Voluntary group 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

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your 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.
- ▶ A person may not have coverage as both an Employee and Dependent.

#### BENEFIT AMOUNT

**Employee:** Choose from a benefit of \$10,000 to a maximum of \$20,000 in \$10,000 increments.

**Spouse:** Choose from a benefit of \$5,000 to a maximum of \$10,000 in \$5,000 increments, not to exceed 50% of approved employee amount.

**Child(ren):** 25% of approved employee amount up to a maximum of \$5,000.

#### GUARANTEED ISSUE

**Employee:** \$20,000

**Spouse:** \$10,000

**Child(ren):** \$5,000

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### RATES

See attached Rate Sheet

## FEATURES

| DIAGNOSIS ADULT                               | BENEFIT |
|-----------------------------------------------|---------|
| Acute Respiratory Distress Syndrome           | 25%     |
| Alzheimer's Disease                           | 50%     |
| Benign Brain Tumor                            | 100%    |
| Carcinoma In Situ                             | 25%     |
| Coma                                          | 100%    |
| Coronary Disease                              | 30%     |
| Heart Attack                                  | 100%    |
| Life Threatening Cancer                       | 100%    |
| Loss of Hearing                               | 100%    |
| Loss of Sight                                 | 100%    |
| Loss of Speech                                | 100%    |
| Major Organ Failure                           | 100%    |
| Motor Neuron Disease (ALS)                    | 100%    |
| Multiple Sclerosis                            | 30%     |
| Occupational Hepatitis                        | 100%    |
| Occupational HIV                              | 100%    |
| Paralysis                                     | 100%    |
| Parkinson's Disease                           | 100%    |
| Ruptured Cerebral, Carotid or Aortic Aneurysm | 100%    |
| Severe Brain Damage                           | 100%    |
| Skin Cancer                                   | 5%      |
| Stroke                                        | 100%    |
| DIAGNOSIS CHILD                               | BENEFIT |
| Cerebral Palsy                                | 100%    |
| Cleft Lip or Palate                           | 100%    |
| Cystic Fibrosis                               | 100%    |
| Downs' Syndrome                               | 100%    |
| Muscular Dystrophy                            | 100%    |
| Spina Bifida                                  | 100%    |
| Type 1 Diabetes                               | 100%    |

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 50% of benefit if diagnosed 12 months or later
- ▶ Portability
- ▶ **Wellness (Health Screening) Benefit – \$100**

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

# Reliance Standard Voluntary Plans Critical Illness Insurance Premium Table

**Plan Holder: Citizen's Memorial Hospital**

## Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

## Employee/Spouse Premiums:

### To find you and your spouse's premium -

- Determine your age band:
  - Your age = your age at your last birthday.
  - Spouse age = your age at your last birthday.
- Select a benefit from:
  - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

### Employee Monthly Tobacco Premiums

| Benefit Amount  | Age 0-29 | Age 30-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70+ |
|-----------------|----------|-----------|-----------|-----------|-----------|---------|
| <b>\$10,000</b> | \$6.90   | \$6.90    | \$6.90    | \$15.90   | \$28.80   | \$44.60 |
| <b>\$20,000</b> | \$13.80  | \$13.80   | \$13.80   | \$31.80   | \$57.60   | \$89.20 |

### Employee Monthly Non-Tobacco Premiums

| Benefit Amount  | Age 0-29 | Age 30-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70+ |
|-----------------|----------|-----------|-----------|-----------|-----------|---------|
| <b>\$10,000</b> | \$5.40   | \$5.40    | \$5.40    | \$10.80   | \$18.60   | \$30.60 |
| <b>\$20,000</b> | \$10.80  | \$10.80   | \$10.80   | \$21.60   | \$37.20   | \$61.20 |

### Spouse Monthly Tobacco Premiums

| Benefit Amount  | Age 0-29 | Age 30-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70+ |
|-----------------|----------|-----------|-----------|-----------|-----------|---------|
| <b>\$5,000</b>  | \$3.45   | \$3.45    | \$3.45    | \$7.95    | \$14.40   | \$22.30 |
| <b>\$10,000</b> | \$6.90   | \$6.90    | \$6.90    | \$15.90   | \$28.80   | \$44.60 |

### Spouse Monthly Non-Tobacco Premiums

| Benefit Amount  | Age 0-29 | Age 30-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70+ |
|-----------------|----------|-----------|-----------|-----------|-----------|---------|
| <b>\$5,000</b>  | \$2.70   | \$2.70    | \$2.70    | \$5.40    | \$9.30    | \$15.30 |
| <b>\$10,000</b> | \$5.40   | \$5.40    | \$5.40    | \$10.80   | \$18.60   | \$30.60 |

## Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$5,000

## To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

**Child Premium is Included in Employee Premium**

Please Note: One rate and benefit amount for all eligible children in family, regardless of number.

**Please read this important information**

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

*Please note, these rates are approximate and subject to change.*