

Plan Highlights

Group Critical Illness Insurance



The Liberty Company Insurance

COVERAGE

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 maybe used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

All eligible Employees and their dependents as defined by **The Liberty Company Insurance** and reflected in your Certificate of Insurance. Note: The definition of dependent may vary by state. *A person maynot have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of \$5,000 to a maximum of \$20,000 in \$5,000 increments.
Spouse	Choose from a minimum of \$5,000 to a maximum of \$10,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
Child	50% of employee coverage

BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)
- Waiver of Premium (Hospital Confinement)
- Wellness (Health Screening Benefit) \$100.00

GUARANTEED ISSUE

The maximum amount of coverage you and your spouse, if applicable, can elect without providing evidence of insurability.

Employee	\$20,000
Spouse	\$10,000
Child	All Child amounts are guaranteed issue.

BENEFIT PROVISIONS

CONTINUATION OF COVERAGE FOR:

- **Absence due to Family and Medical Leave Act of 1993 (FMLA)**
If your employer is subject to FMLA, your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence under FMLA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the leave period required by FMLA.
- **Absence due to Uniform Services Employment and Reemployment Rights ACT (USERRA)**
Your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence for Military Service under USERRA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.
- **Portability**
If you cease to be eligible for coverage (other than by termination of your employer's group policy, or your retirement), you may elect to continue coverage in effect prior to ceasing to be eligible.



<http://www.reliancematrix.com/>

Reliance Standard Life Insurance Company 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 provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Recurrence

We may pay a reduced benefit as shown on the Certificate of Insurance for a Critical Illness that is the same Critical Illness previously diagnosed and for which a benefit was paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

Subsequent Occurrence

We may pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

Waiver of Premium

We will waive the premium for the policy for you and your Insured Dependent(s) as applicable, until such time you no longer meet the Waiver of Premium eligibility requirements as defined in the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

PREMIUM TABLE

Refer to the attached Premium Table

LIMITATIONS

Benefit Waiting Period

This is the period of time, shown on your Certificate of Insurance, that you (or your Insured Dependents if applicable), must be covered under the policy before being

diagnosed with a Critical Illness for which benefits may be payable.

NO BENEFITS ARE PAYABLE FOR ANY CRITICAL ILLNESS DIAGNOSED BEFORE OR DURING THE BENEFIT WAITING PERIOD. HOWEVER, THIS EXCLUSION DOES NOT APPLY TO CHILDHOOD CRITICAL ILLNESS.

Note For a comprehensive list of specific limitations, please refer to the Certificate of Insurance.

EXCLUSIONS

A benefit will not be paid for a critical illness if caused or contributed by an exclusion listed in the Certificate of Insurance.

NON-INSURANCE SERVICES

- Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company 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.



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INCLUDED BENEFITS

ADULT DIAGNOSIS	PERCENTAGE OF COVERAGE AMOUNT -STANDARD
Coronary Disease - Partial Benefit	25%
Heart Attack	100%
Life Threatening Cancer	100%
Major Organ Failure	100%
Skin Cancer - Partial Benefit	5%
Stroke	100%
GENERAL PLAN PROVISIONS	STANDARD
*Wellness (Health Screening) Benefit	\$100.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit/6 months
Subsequent Occurrence	100% of Benefit/3 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Transfer of Coverage	Yes
Portability	Unlimited or when employee retires
Waiver of Premium	Hospital Confinement
Total Confinement - Elimination Period	30 days

***Wellness Care** means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.



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Reliance Standard Voluntary Plans Critical Illness Insurance Premium Table

Plan Holder: The Liberty Company Insurance

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 Non-Tobacco User Semi-Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.25	\$0.50	\$0.63	\$0.80	\$1.13	\$1.53	\$2.08	\$2.73	\$4.03	\$5.60	\$8.98	\$10.95	\$19.10
\$10,000	\$0.50	\$1.00	\$1.25	\$1.60	\$2.25	\$3.05	\$4.15	\$5.45	\$8.05	\$11.20	\$17.95	\$21.90	\$38.20
\$15,000	\$0.75	\$1.50	\$1.88	\$2.40	\$3.38	\$4.58	\$6.23	\$8.18	\$12.08	\$16.80	\$26.93	\$32.85	\$57.30
\$20,000	\$1.00	\$2.00	\$2.50	\$3.20	\$4.50	\$6.10	\$8.30	\$10.90	\$16.10	\$22.40	\$35.90	\$43.80	\$76.40

Employee Tobacco User Semi-Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.28	\$0.63	\$0.85	\$1.25	\$1.93	\$2.70	\$3.55	\$4.40	\$6.10	\$8.60	\$11.73	\$13.15	\$20.68
\$10,000	\$0.55	\$1.25	\$1.70	\$2.50	\$3.85	\$5.40	\$7.10	\$8.80	\$12.20	\$17.20	\$23.45	\$26.30	\$41.35
\$15,000	\$0.83	\$1.88	\$2.55	\$3.75	\$5.78	\$8.10	\$10.65	\$13.20	\$18.30	\$25.80	\$35.18	\$39.45	\$62.03
\$20,000	\$1.10	\$2.50	\$3.40	\$5.00	\$7.70	\$10.80	\$14.20	\$17.60	\$24.40	\$34.40	\$46.90	\$52.60	\$82.70

Spouse Non-Tobacco User Semi-Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.25	\$0.50	\$0.63	\$0.80	\$1.13	\$1.53	\$2.08	\$2.73	\$4.03	\$5.60	\$8.98	\$10.95	\$19.10
\$10,000	\$0.50	\$1.00	\$1.25	\$1.60	\$2.25	\$3.05	\$4.15	\$5.45	\$8.05	\$11.20	\$17.95	\$21.90	\$38.20

Spouse Tobacco User Semi-Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$0.28	\$0.63	\$0.85	\$1.25	\$1.93	\$2.70	\$3.55	\$4.40	\$6.10	\$8.60	\$11.73	\$13.15	\$20.68
\$10,000	\$0.55	\$1.25	\$1.70	\$2.50	\$3.85	\$5.40	\$7.10	\$8.80	\$12.20	\$17.20	\$23.45	\$26.30	\$41.35

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election, limited to a maximum of \$10,000

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 50% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Semi-Monthly Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.05

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.