

PLAN HIGHLIGHTS

Voluntary Group Critical Illness

Virginia Commonwealth University Health System Authority



Policy Number: VCI2000003536

Coverage

Voluntary group critical illness insurance provides a lump-sum cash benefit upon diagnosis of a critical illness, which includes cancer, heart attack, stroke, major organ failure, 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.

Benefit Amount

Team Member: Choose a benefit of either \$15,000 or \$20,000

Spouse: Benefit is 50% of Team Member amount (\$7,500 or \$10,000)

Child(ren): Benefit is 50% of Team Member amount

Contribution Requirements

Coverage is 100% Team Member Paid.

Eligibility

Each active Regular Full-Time working at least 35 hours per week and Part-Time Team Member working at least 20 hours per week.

- ▶ **Dependents:** You must be insured for your Dependents to be covered. Dependents are:
 - Your legal spouse or your domestic partner.
 - Your dependent children from birth to 26 years.
 - A person may not have coverage as both a Team Member and Dependent.

Guaranteed Issue

Team Member: \$20,000

Spouse: \$10,000

Child(ren): \$10,000

| | Monthly Non-Tobacco | | | | | | Monthly Tobacco | | | | | |
|-------------------------------------------|---------------------|---------|---------|---------|----------|----------|-----------------|---------|---------|---------|----------|----------|
| | 0-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ | 0-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
| \$15,000.00 | | | | | | | | | | | | |
| Team Member | \$3.15 | \$5.10 | \$11.25 | \$23.85 | \$51.30 | \$140.25 | \$3.90 | \$7.80 | \$19.95 | \$41.85 | \$77.55 | \$185.10 |
| Team Member + Spouse/ Domestic Partner | \$4.73 | \$7.65 | \$16.88 | \$35.78 | \$76.95 | \$210.38 | \$5.85 | \$11.70 | \$29.93 | \$62.78 | \$116.33 | \$277.65 |
| Team Member + Children | \$3.15 | \$5.10 | \$11.25 | \$23.85 | \$51.30 | \$140.25 | \$3.90 | \$7.80 | \$19.95 | \$41.85 | \$77.55 | \$185.10 |
| Family | \$4.73 | \$7.65 | \$16.88 | \$35.78 | \$76.95 | \$210.38 | \$5.85 | \$11.70 | \$29.93 | \$62.78 | \$116.33 | \$277.65 |
| \$20,000.00 | | | | | | | | | | | | |
| Team Member | \$4.20 | \$6.80 | \$15.00 | \$31.80 | \$68.40 | \$187.00 | \$5.20 | \$10.40 | \$26.60 | \$55.80 | \$103.40 | \$246.80 |
| Team Member + Spouse/ Domestic Partner | \$6.30 | \$10.20 | \$22.50 | \$47.70 | \$102.60 | \$280.50 | \$7.80 | \$15.60 | \$39.90 | \$83.70 | \$155.10 | \$370.20 |
| Team Member + Children | \$4.20 | \$6.80 | \$15.00 | \$31.80 | \$68.40 | \$187.00 | \$5.20 | \$10.40 | \$26.60 | \$55.80 | \$103.40 | \$246.80 |
| Family | \$6.30 | \$10.20 | \$22.50 | \$47.70 | \$102.60 | \$280.50 | \$7.80 | \$15.60 | \$39.90 | \$83.70 | \$155.10 | \$370.20 |

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.

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.

| Diagnosis | Benefit |
|-----------------------------------------------|----------------|
| Acute Respiratory Distress Syndrome | 25% |
| Alzheimer's Disease | 100% |
| Benign Brain Tumor | 100% |
| Carcinoma In Situ | 50% |
| Coma | 100% |
| Coronary Disease | 50% |
| Heart Attack | 100% |
| Invasive 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 | 100% |
| 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 | 10% |
| 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% (10X) of Insurance Amount
- No medical questions or health exam to qualify & no Pre-Ex
- Covers Recurrences of same illness or diagnosis of a different one
- Portable - at the same rate