

Group Supplemental and Dependent Life Insurance

Virginia Commonwealth University Health System Authority



Eligibility

All Active Regular Full-Time and Part-Time Physicians and Certified Registered Nurse Anesthetists within Virginia Commonwealth University Health System Authority, working 20 hours or more per week, except for any person working on a temporary, Pro Re Nata (PRN), Temporary Twelve Week Worker, seasonal or team member included in another class.

- ▶ **Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- Your legal spouse who is not legally separated or divorced from you;
- Your legally-recognized domestic or civil union partner;
- Your unmarried financially dependent children birth to 26 years;
- A person may not have coverage as both a Team Member and Dependent;
- Only one insured spouse may cover dependent children.

Guaranteed Issue

Initial eligibility period only

Team Member: \$300,000 or 3x Earnings

Spouse: \$25,000

Child(ren): \$15,000

Contribution Requirements

Coverage is 100% Team Member Paid.

Rates

See attached Rate Sheet.

Features

- Accelerated Death Benefit
- Conversion Privilege
- FMLA/MSLA Extension
- Portability

Benefit Amount

- ▶ **Supplemental Life:** From a minimum of \$50,000 to a maximum of \$700,000 in increments of \$50,000. Or the lesser of 5x BAE.
- ▶ **Spouse:** Choose from a minimum of \$1,000, a maximum of \$100,000 in \$1,000 increments, not to exceed 50% of employee amount.
- ▶ **Child(ren):** Birth but less than 6 months: \$1,000
6 months through age 26: A choice of \$10,000 or \$15,000.

Benefit Reduction Due to Age

(Applicable to team member / spouse coverage)

Age	Original Benefit Reduced to
70	65%
75	50%

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6422, 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.

Reliance Standard Plans Supplemental and Dependent Life Insurance Premium Table

Plan Holder: Virginia Commonwealth University Health System

Scheduled Benefit: Each eligible team member may elect for himself/herself and/or his/her eligible spouse an amount of insurance shown in the table below.

Team Member/Spouse Premiums: To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount.
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday.
- Team Member and spouse rates change as they respectively move from one age bracket to the next.

Team Member Premiums

Benefit Amount	Age 18 – 24	Age 25 – 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+
Cost / \$1,000	\$0.51	\$0.61	\$0.81	\$0.91	\$0.117	\$0.200	\$0.306	\$0.567	\$0.873	\$1.271	\$2.736

Spouse Cost

Benefit Amount	Age 18-24	Age 25-29	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+
Cost / \$1,000	\$0.063	\$0.081	\$0.108	\$0.117	\$0.126	\$0.198	\$0.306	\$0.567	\$0.873	\$1.683	\$2.736

How to Calculate Voluntary Life

Fill in the columns to the right of the calculation to determine your bi-weekly cost

Team Member Voluntary Life ³	
Calculation	Your Number
Your Annual Salary	
Choose 1 to 5. This indicates whether you're choosing a minimum of \$50,000 (x1) to a maximum of \$700,000 (x5) in coverage.	
Divide by \$1,000 then round up to the nearest \$1,000	
Multiply by 12	
Divide by 26	

Spouse/Domestic Partner Voluntary Life ⁴	
Calculation	Your Number
The Amount of Coverage Elected	
Divide by \$1,000 then round up to the nearest \$1,000	
Multiply by 12	
Divide by 26	
Your Cost	

³ The team members voluntary life amount cannot exceed five times your salary or \$300,000.

⁴ Your spouse's/domestic partner's voluntary life insurance amount cannot exceed 50% of the team member's life insurance amount (basic + voluntary) or \$100,000.

Dependent Child(ren) Bi-Weekly Premiums

Benefit Amount	Premium
\$10,000	\$0.46
\$15,000	\$0.69

(One rate and benefit amount for all eligible children in family, regardless of number.)

Dependent Child(ren) Monthly Premiums

Benefit Amount	Premium
\$10,000	\$0.99
\$15,000	\$1.50

Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band.

Please read this important information:

- You may not have coverage as both a team member and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

Rates are subject to change.