

# RSL BasicCare® Program



**Draw on the protection provided by your benefits.**

Important **protection** made available by your employer for **you** and **your dependents** through easy payroll deduction. Your acceptance is **guaranteed**...you cannot be turned down, as long as you sign up during your open enrollment period.

The BasicAdvantage Total Plan described in this brochure is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage under the Affordable Care Act. It is intended to provide you, and your covered dependents, with basic insurance coverage.

The Essential Plan described in this brochure is not a substitute for comprehensive health insurance; however, it is intended to provide minimum essential coverage under the Affordable Care Act.

## BasicAdvantage Total Plan

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- No pre-existing conditions exclusions or limitations.
- BasicAdvantage Total Plan enrollees also receive these added non-insurance benefits:
  - ✓ Prescription Drug Card offering discounts at participating pharmacies.
  - ✓ VSP Access Plan membership offering discounts on eye exams and prescription glasses at network doctors.
  - ✓ On Call Travel Assistance.
  - ✓ 24-Hour Telemedicine Services. Services are available after a \$30 per-consultation fee has been paid. A credit card is required.
  - ✓ Teletherapy Services. Services are available after a \$69 per-consultation fee has been paid. A credit card is required.

| INPATIENT HOSPITAL BENEFITS                                                                                                                                 |  |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| <b>Hospital Room &amp; Board Benefits:</b>                                                                                                                  |  |                 |
| Daily Benefit for the Treatment of Mental & Nervous Conditions                                                                                              |  | \$100 per day   |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 25              |
| Daily Benefit for the Treatment of Alcohol & Substance Abuse                                                                                                |  | \$100 per day   |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 25              |
| Daily Benefit for the Treatment of All Other Covered Conditions                                                                                             |  | \$200 per day   |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 90              |
| <b>Hospital Admission Benefit For Specified Conditions:</b>                                                                                                 |  |                 |
| Daily Benefit for Cancer (Malignant Neoplasm)                                                                                                               |  | \$2,000 per day |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for Heart Attack (Myocardial Infarction) OR Daily Benefit for Heart Disease <sup>1</sup>                                                      |  | \$1,500 per day |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | \$1,000 per day |
| Daily Benefit for Accidental Injury                                                                                                                         |  | \$1,000 per day |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for Stroke (Cerebrovascular Accident - CVA)                                                                                                   |  | \$1,000 per day |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for Childbirth                                                                                                                                |  | \$1,000 per day |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| <b>Maximum Surgery Benefit Per Procedure<sup>2</sup></b>                                                                                                    |  | \$500 per day   |
| <b>Maximum Anesthesia Benefit<sup>3</sup></b>                                                                                                               |  | \$100 per day   |
| <sup>1</sup> The Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.                       |  |                 |
| <sup>2</sup> Benefits for covered inpatient surgery are scheduled and range from \$9 to \$500 and are based on the specific surgical procedure performed.   |  |                 |
| <sup>3</sup> Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.                               |  |                 |
| OUTPATIENT BENEFITS                                                                                                                                         |  |                 |
| <b>Doctor Visit Benefits:</b>                                                                                                                               |  |                 |
| Daily Benefit for a New Patient Office Visit                                                                                                                |  | \$75 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for an Established Patient Office Visit                                                                                                       |  | \$60 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 3               |
| Daily Benefit for a Consultation Office Visit                                                                                                               |  | \$75 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for an Emergency Room Doctor Visit                                                                                                            |  | \$50 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| <b>Radiology Benefits:</b>                                                                                                                                  |  |                 |
| Daily Benefit for a Magnetic Resonance Imaging (MRI)                                                                                                        |  | \$100 per day   |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for a Computerized Tomography (CT) Scan                                                                                                       |  | \$50 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| Daily Benefit for all other Radiology Services                                                                                                              |  | \$40 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 3               |
| <b>Pathology Benefits:</b>                                                                                                                                  |  |                 |
| Daily Benefit for all Pathology Services                                                                                                                    |  | \$40 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 3               |
| <b>Urgent Care Benefits:</b>                                                                                                                                |  |                 |
| Daily Benefit for an Urgent Care Facility Visit                                                                                                             |  | \$50 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 1               |
| <b>Emergency Room Visit Benefits:</b>                                                                                                                       |  |                 |
| Daily Benefit for the treatment of an Accidental Injury                                                                                                     |  | \$500 per day   |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 2               |
| Daily Benefit for the treatment of a Sickness                                                                                                               |  | \$50 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 3               |
| <b>Maximum Surgery Benefit Per Procedure<sup>4</sup></b>                                                                                                    |  | \$500 per day   |
| <b>Maximum Anesthesia Benefit<sup>5</sup></b>                                                                                                               |  | \$100 per day   |
| <b>Prescription Drug Benefits:</b>                                                                                                                          |  |                 |
| Daily Benefit per Generic Drug Prescription (filled or refilled)                                                                                            |  | \$25 per day    |
| Number of Daily Benefits Per Coverage Year                                                                                                                  |  | 7               |
| <sup>4</sup> Benefits for covered outpatient surgery are scheduled and range from \$14 to \$500 and are based on the specific surgical procedure performed. |  |                 |
| <sup>5</sup> Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.                             |  |                 |

## Essential Plan

The **Essential Plan** is intended to provide minimum essential coverage under the Affordable Care Act. It provides you and your enrolled dependents with **preventive care only** and helps you meet the requirements of the Affordable Care Act.

### General Information - (Preventive Care Only)

Co-pays: ..... \$0 (\$50 co-pay for brand name contraceptives)

Deductible: ..... \$0

Benefit percentage paid by plan: ..... 100% of covered expenses (Covered expenses are the lesser of the actual or usual & customary charges)

Plan Annual Maximum: ..... Unlimited

Plan Lifetime Maximum: ..... Unlimited

### Summary of Covered Services

Below are a few of the common preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

#### Covered Services for Children & Adolescents

Well Child Exams – physical exams & vision acuity

Assessments – developmental & behavioral

Immunizations – diphtheria, tetanus and pertussis

Screenings – hearing loss, lead poisoning and depression

#### Covered Services for Adults

Annual Preventive Care Visits – physicals & history

Immunizations – hepatitis & influenza

General Health Screenings – blood pressure, cholesterol & diabetes

Prescription contraceptives for women

## Dental Plan

- Plan pays up to \$1,000 maximum per person each coverage year after a \$50 per person deductible.
- Visit any dentist.
- Covers most common services and gives your enrolled dependents the same coverage.

| Types of Charges Covered by the Plan      | Percent of Charges the Plan Pays | Waiting Period of Continuous Enrollment Before Plan Pays |
|-------------------------------------------|----------------------------------|----------------------------------------------------------|
| Checkups & Routine Cleaning               | 80%                              | None                                                     |
| Bitewing X-Rays                           | 80%                              | None                                                     |
| Sealants (for children)                   | 80%                              | None                                                     |
| Fluoride Treatments (for children)        | 80%                              | None                                                     |
| Fillings                                  | 60%                              | 3 Months                                                 |
| Crown & Bridge Repair                     | 60%                              | 3 Months                                                 |
| Denture Repair                            | 60%                              | 3 Months                                                 |
| Endodontics (root canal & pulpal therapy) | 60%                              | 3 Months                                                 |
| Periodontics (treatment of gums)          | 50%                              | 12 Months                                                |
| Crowns & Bridges                          | 50%                              | 12 Months                                                |
| Dentures                                  | 50%                              | 12 Months                                                |

## Term Life Plan (with Accidental Death Benefit)

- Plan provides \$10,000 of term life coverage for you, with an additional matching \$10,000 in the event of accidental death.
- Your benefits reduce by 50% when you reach age 70. Spouse coverage ends at age 70.
- Your benefits will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, your estate.
- If you sign up for this benefit, you can add term life coverage for your spouse and each child (older than 6 months) in the amount of \$2,500. Coverage amount for children 6 months of age or younger is \$500. You are the beneficiary for spouse and child term life coverage.
- Term life benefits are not payable for death during the first 2 years of coverage if due to suicide or attempted suicide.

## Short-Term Disability Plan\*

- Plan provides weekly benefits for up to 26 weeks of disability. The amount paid is 50% of base pay, up to a maximum of \$125 per week.
- Disability must be due to a sickness or an injury from an accident that happens while you are covered. You must become totally disabled while covered and, if due to an injury, within 90 days of the date of the accident.
- If you are hospitalized, the benefits are payable immediately; otherwise, the benefits begin after a 14-day elimination period.
- Benefits reduce by 50% when you reach age 70.

\* STD coverage is only available to you. There is no dependent coverage available.

## Questions & Answers

**Who can be covered?** In addition to covering yourself, dependent coverage is offered in the BasicAdvantage Total, Essential, Dental and Term Life Plans. Your eligible dependents are your lawful spouse and your children through age 25, or through any age if disabled and unable to earn a living.

**When does my coverage begin and end?** Your coverage begins on the first day of the month after you enroll, provided you are eligible and the required premium has been paid. Coverage for all of your benefits under the program will end if (1) the required premiums are not paid; (2) you are no longer an eligible employee; (3) the insurance policies terminate; or (4) you enter an Armed Service on full-time active duty.

**When does dependent coverage begin and end?** Your dependents' coverage begins when yours does, unless you enroll them later. If you do, their coverage will become effective after the enrollment is approved and the premiums have been paid. Their coverage ends when yours does or when the dependent is no longer eligible.

**Do I have to use certain doctors, dentists or hospitals?** No. You are free to use any licensed doctor or dentist, or any certified hospital. However, under the

BasicAdvantage Total Plan, you can save money by using a network provider. Rest, nursing or old age homes, or facilities for the treatment of alcoholism, drug addiction or mental disorders are not hospitals.

**How does the BasicAdvantage Total Plan's Hospital Admission Benefit work?** It pays a single daily benefit when you are admitted as an inpatient to the hospital for treatment of any of the conditions shown. The daily benefit amount varies by condition and is payable based on the first diagnosis code listed on the claim form for the hospital admission.

**When will I receive ID cards and full coverage information?** You will receive a Summary Plan Description after you enroll. ID cards will be included.

**Does the BasicAdvantage Total Plan cover maternity?** Yes. Maternity care is covered.

**Are visits to a chiropractor covered under the BasicAdvantage Total Plan?** Yes, chiropractic office visits are covered; however, spinal adjustments and manipulations, or modalities are not covered.

## Exclusions & Limitations

The following is just a summary. Please see your Summary Plan Description (SPD) for a more complete description of these items.

### What is not covered under the BasicAdvantage Total Plan...

- outpatient treatment of mental or nervous conditions;
- outpatient treatment of alcoholism, or substance abuse;
- intentionally self-inflicted injuries, suicide or attempted suicide while sane or insane;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- work-related injury or sickness;
- normal health checkups;
- eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- hearing examinations or hearing aids;
- brand name drugs and drugs not requiring a prescription;
- dental care or treatment except covered events rendered in connection with the care of sound, natural teeth and gums required on account of an accidental injury that happens while covered, and rendered within 6 months of the accident;
- reading or interpreting the results of any diagnostic pathology or radiology tests;
- cosmetic surgery, except covered events rendered in connection with cosmetic surgery needed for breast reconstruction following a mastectomy or an accident that happens while covered. The surgery needed for an accident must be performed within 90 days of the accident;
- treatment rendered while outside the United States of America; and
- services rendered by an immediate family member or provided by your employer.

### What is not covered under the Essential Plan...

- injury or self-inflicted bodily harm;
- sickness or disease of any kind;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- charges in excess of usual, customary & reasonable charges;
- preventive health services not meeting the requirements of the Affordable Care Act;
- dental care, treatment or supplies, except those specifically included as a covered preventive health service for a child;
- laboratory, radiology, or cardiovascular tests performed for the diagnosis or treatment of sickness, disease or injury; and
- preventive health services rendered by an immediate family member or provided by your employer.

### What is not covered under the Dental Plan...

- procedures begun or appliances installed before coverage begins;
- elective or cosmetic treatment;
- correction of congenital malformations;
- replacement of lost or stolen appliances;
- initial placement of prosthesis or fixed bridge;
- replacement of serviceable bridges;
- replacement of serviceable dentures less than 5 years old;
- replacement of crowns, inlays, and onlays less than 7 years old;

- procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting or bite analysis;
- services in any way related to TMJ or myofascial pain;
- orthognathic surgery;
- prescribed drugs, analgesic or anesthetics;
- instruction for diet, plaque control, and oral hygiene;
- acts of declared or undeclared war;
- charges for implants or their removal and other customized services or attachments;
- cast restorations and crowns for healthy teeth that can be restored by other means;
- treatment of malignancies, cysts, and neoplasms;
- orthodontic treatment;
- charges for forms or missed appointments;
- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- services rendered by an immediate family member;
- charges in excess of usual and customary fee levels based on the 90<sup>th</sup> percentile of the FAIR Health, Inc. MDR tables;
- expenses covered under a group medical expense plan;
- expenses payable under Workers' Compensation or other coverage required by law;
- expenses which the covered person is not legally obligated to pay; and
- any procedure begun after coverage ends or any prosthetic dental appliance finally installed more than 30 days after coverage ends.

Many covered procedures have continuous enrollment waiting periods and limitations on how often the plan will pay for them within a certain time frame. The plan will pay only for the procedures specified on the Schedule of Covered Procedures and Benefits in the SPD.

### What is not covered under Short-Term Disability and Accidental Death benefits...

- suicide or attempted suicide, or any intentionally self-inflicted injuries, while sane or insane;
- acts of declared or undeclared war;
- your commission or attempted commission of a felony;
- your operating, riding in or descending from any aircraft, other than while a fare-paying passenger on a licensed, commercial, non-military aircraft;
- voluntarily taking poison, gas, drugs or chemicals not prescribed by a physician;
- release of nuclear energy;
- participation in a riot or an illegal occupation;
- Short-Term Disability benefits are not paid for an injury or sickness related to your work; and
- Accidental Death benefit is not paid for death resulting from sickness of any kind.

The Short-Term Disability benefit is not available to persons who work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico due to statutory coverage. In these states (and Puerto Rico), the employer is required to provide a disability benefit.

The BasicAdvantage Total Plan, Essential Plan, Dental Plan, and Term Life (with Accidental Death) and Short-Term Disability Plans are underwritten by Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania under group policy form series: LRS-9497-0613, et al; LRS-9499-0913, et al or LRS-9167-1103, et al; LRS-9171-1103, et al; and LRS-9173-1103, et al, respectively.

Refer to the accompanying materials for information on premiums.

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor. Insurance products are provided through 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. Reliance Standard Life Insurance Company reserves the right to change the premiums it charges for its plans.

VSP Access Plan discounts from Vision Service Plan. Telemedicine and Teletherapy from Broadreach Medical Resources, Inc. On Call Travel Assistance from On Call International. The suppliers of these services are not affiliated with Reliance Standard Life Insurance Company, which is not responsible for the content of the services and cannot be held liable for any services provided or not provided by these suppliers.