



Reliance Standard Life Insurance Company BasicCare Program

Matrix ERISA Plan
Employee Brochure



Important protection for **You** and **Your** dependents ...
made available by your employer ... through easy payroll deduction.

Your acceptance is **Guaranteed** — you cannot be turned down,
as long as you sign-up during your open enrollment period.

Medical

These are not comprehensive major medical plans, nor are they intended to replace a major medical plan. These plans are intended to provide you, and your covered dependents, with basic insurance coverage.

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- No pre-existing conditions exclusions or limitations.
- Medical Plan enrollees also receive these added benefits:
 - Prescription Drug Card offering discounts at participating pharmacies.
 - VSP Access Plan membership offering discounts on eye exams and prescription glasses at network doctors.

Inpatient Hospital Benefits – Treatment for Sickness	Plan A	Plan B
Maximum Benefit per coverage year	\$7,500	\$15,000
Subject to these benefit limits:		
Room & Board per day	\$250	\$500
Surgeons' Fees per coverage year	\$1,500	\$2,000
Anesthesiologists' Fees per coverage year	\$300	\$400
Benefit % paid by plan	70%	70%
Inpatient Hospital Benefits – Treatment for Accident		
Maximum Benefit per coverage year	\$5,000	\$7,500
Benefit % paid by plan	70%	70%
Outpatient Benefits		
Maximum Benefit per coverage year	\$1,000	\$1,500
Benefit % paid by plan (except for Doctor Office Visits)	70%	70%
Doctor Office Visits Co-pay per visit	\$20	\$20
Benefit % paid by plan for Doctor Office Visits	100%	100%
Emergency Room Benefits		
Treatment for Sickness - Maximum Benefit per visit (limited to three visits per coverage year)	\$50	\$50
Treatment for Accident - Maximum Benefit per visit (limited to two visits per coverage year)	\$500	\$500
Benefit % paid by plan	100%	100%
Wellness Care Visits Benefits		
Maximum Benefit per coverage year	\$100	\$100
Co-pay per visit	\$20	\$20
Benefit % paid by plan	100%	100%
Prescription Drug Card Benefits		
Generic Drug Maximum Benefit per coverage year	\$500	\$750
Generic Drug Co-pay per prescription	\$5	\$10
Generic Drug Benefit % paid by plan	100%	100%
Brand Name Drug Maximum Benefit per coverage year	Not Covered	\$250
Brand Name Drug Co-Pay per prescription	Not Covered	\$40
Brand Name Drug Benefit % paid by plan	Not Covered	100%

- Where the benefit is expressed as a percentage, the basis of payment will be either the lower of actual or usual & customary charges or, when applicable, the negotiated network charges.
- After the \$20 co-pay for a doctor's office visit, the plans pay 100% of the remaining charge subject to the Outpatient Maximum Benefit. (Does not include tests, lab fees, x-rays, injections, etc., which are covered under the Outpatient Benefits.)

Dental

- 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
Space Maintainers (for children)	80%	None
Fillings	60%	3 Months
Crown & Bridge Repair	60%	3 Months
Denture Repair	60%	3 Months
Oral Surgery	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 with Accidental Death Benefit

- Plan provides \$20,000 of term life coverage for you, with an additional matching \$20,000 in the event of accidental death.
- Your benefits reduce by 50% when you reach 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.
- Spouse coverage ends at age 70.
- 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 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 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 medical, dental and term life plans. Your eligible dependents are your lawful spouse and your unmarried children through age 18 who live with you and depend on you for support (through age 24 if a full-time student), or through any age if handicapped and unable to earn a living.

When does my coverage begin and end? Your coverage begins on the first day of the pay period following the pay period in which a premium deduction occurs. 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 written enrollment is approved and the premiums have been paid. Their coverage ends when yours does or when the dependent is no longer eligible.

What happens if I miss a premium payment? For any given pay period, if you haven't earned enough to have your premium deducted from your pay, you can ensure your continued coverage by sending the full premium directly to RSL Specialty Products Administration. If you missed more than one pay period in a row, you must make up all missed, consecutive premium deductions. If you do not, claims will not be paid for losses or expenses that occur during an unpaid period. Premiums due must be mailed within 45 days after the date of the missed deduction. If a missed premium is overdue by more than 45 days, it cannot be made up. The Summary Plan Description that you get after you enroll includes a Missed Premium Payment Form, which you can copy and use as needed.

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 medical plans, you can save money by using a network provider.

What is a co-pay? A co-pay is the amount that you are responsible for paying each time you incur covered expenses for doctors' office visits, wellness care visits, and prescription drugs.

What is "wellness care"? It is medical examinations and procedures that are preventative in nature and not for the treatment of an injury or sickness.

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.

Do the medical plans cover maternity? Yes. Maternity is a covered expense.

Is chiropractic care covered under the medical plans? Yes.

Do the medical plans cover reconstructive surgery following a mastectomy? Yes. A covered person who has a mastectomy is covered by either medical plan for reconstruction of the affected breast, surgery and reconstruction of the other breast for appearance, and for prostheses and any physical complications at all stages of mastectomy (including lymphedemas) as determined by the attending doctor and patient. These services are subject to the same maximums and limits that would apply with respect to eligible expenses for any other covered loss.

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 Medical Plans...

- suicide or attempted suicide, or any intentionally self-inflicted injuries, while sane or insane;
- acts of war (declared or undeclared);
- the covered person's commission of a felony;
- services by an immediate family member or by your employer;
- mental or nervous disorders;
- alcoholism or substance abuse;
- sickness and injury related to the covered person's work;
- eye or hearing examinations, eye glasses or hearing aids;
- treatment in a government facility or other facility not unconditionally requiring payment;
- dental treatment or cosmetic surgery (except reconstructive breast surgery following a mastectomy);
- drugs not requiring a prescription, and, under Medical Plan A only, brand name drugs;
- expenses used towards co-pays, or in excess of benefit limits or maximums, or negotiated or usual & customary charges; and
- inpatient doctors' visits and inpatient private-duty nursing charges.

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 war (declared or undeclared);
- 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 90th percentile of the Ingenix 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 war (declared or undeclared);
- 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 benefits are not paid for death resulting from sickness of any kind.

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

The Medical Plans, 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-9167-1103, et al, LRS-9171-1103, et al, and LRS-9173-1103 et al, respectively. VSP Access Plan discounts from Vision Service Plan.

Refer to the accompanying materials for information on payroll deductions.

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 and services 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.