



## 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. The 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 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.
  - 24-Hour Nurse Hotline.
  - On-line Wellness Assistance.
  - Vitamins & Nutritional Supplements Plan.
  - On Call Travel Assistance.

INPATIENT HOSPITAL BENEFITS	PLAN A	PLAN B
<b>Daily Room &amp; Board Benefits:</b>		
Daily Benefit for the Treatment of Mental & Nervous Conditions	\$100 Per Day	\$100 Per Day
Maximum Number of Days Per Coverage Year for the Treatment of Mental & Nervous Conditions	25	25
Daily Benefit for the Treatment of Alcohol & Substance Abuse	\$100 Per Day	\$100 Per Day
Maximum Number of Days Per Coverage Year for the Treatment of Alcohol & Substance Abuse	25	25
Daily Benefit for the Treatment of All Other Covered Conditions	\$400 Per Day	\$700 Per Day
Maximum Number of Days Per Coverage Year for the Treatment of All Other Covered Conditions	90	90
<b>Hospital Admission Benefit For Specified Conditions:</b>		
Cancer (Malignant Neoplasm)	\$4,000	\$5,000
Maximum Number of Admissions Per Coverage Year	1	1
Heart Attack (Myocardial Infarction) or Heart Disease <sup>1</sup>	\$3,000	\$4,000
Maximum Number of Admissions for All Such Conditions Per Coverage Year	\$1,500	\$2,000
Maximum Number of Admissions Per Coverage Year	1	1
Accidental Injury	\$2,000	\$3,000
Maximum Number of Admissions Per Coverage Year	1	1
Stroke (Cerebrovascular Accident - CVA)	\$1,500	\$2,000
Maximum Number of Admissions Per Coverage Year	1	1
Childbirth	\$1,500	\$2,000
Maximum Number of Admissions Per Coverage Year	1	1
<b>Maximum Surgery Benefit Per Procedure<sup>2</sup></b>	\$1,000	\$1,500
<b>Maximum Anesthesia Benefit<sup>3</sup></b>	\$200	\$300
<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 \$18 to \$1,000 under Plan A and from \$18 to \$1,500 under Plan B 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>		
New Patient Office Visit	\$75 Per Visit	\$100 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
Established Patient Office Visit	\$70 Per Visit	\$70 Per Visit
Maximum Number of Visits Per Coverage Year	3	7
Consultation Office Visit	\$100 Per Visit	\$150 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
Emergency Room Doctor Visit	\$75 Per Visit	\$100 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
<b>Radiology Benefits:</b>		
Magnetic Resonance Imaging (MRI)	\$150 Per Visit	\$300 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
Computerized Tomography (CT) Scan	\$75 Per Visit	\$125 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
All Other Radiology Services	\$40 Per Visit	\$60 Per Visit
Maximum Number of Visits Per Coverage Year	5	5
<b>Pathology Benefits:</b>		
All Pathology Services	\$40 Per Visit	\$50 Per Visit
Maximum Number of Visits Per Coverage Year	5	5
<b>Wellness Care Visit Benefits:</b>		
Annual Physical	\$75 Per Visit	\$125 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
Mammogram Screening	\$50 Per Visit	\$50 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
Prostate or Cervical Cancer Screening	\$35 Per Visit	\$35 Per Visit
Maximum Number of Visits Per Coverage Year	1	1
<b>Emergency Room Visit Benefits:</b>		
Treatment of an Accidental Injury	\$500 Per Visit	\$500 Per Visit
Maximum Number of Visits Per Coverage Year	2	2
Treatment of a Sickness	\$50 Per Visit	\$50 Per Visit
Maximum Number of Visits Per Coverage Year	3	3
<b>Maximum Surgery Benefit Per Procedure<sup>4</sup></b>	\$1,000	\$1,500
<b>Maximum Anesthesia Benefit<sup>5</sup></b>	\$200	\$300
<b>Prescription Drug Benefits:</b>		
Generic Drug Maximum Amount Per Prescription	\$25	\$25
Generic Drug Maximum Number of Prescriptions Per Coverage Year	18	32
Brand Name Drug Maximum Amount Per Prescription	Not Covered	\$50
Brand Name Drug Maximum Number of Prescriptions Per Coverage Year	Not Covered	7
<sup>4</sup> Benefits for covered outpatient surgery are scheduled and range from \$32 to \$1,000 under Plan A and from \$32 to \$1,500 under Plan B 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.		

## 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 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 medical, dental and term life plans. Your eligible dependents are your lawful spouse and your children through age 25, 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. Rest, nursing or old age homes, or facilities for the treatment of alcoholism, drug addiction or mental disorders are not hospitals.

**How does the Hospital Admission Benefit work?** It pays a lump sum benefit when you are admitted as an inpatient to the hospital for treatment of any of the conditions shown. The 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.

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

**Are visits to a chiropractor covered under the medical plans?** Yes, chiropractic office visits are covered; however, chiropractic adjustments, 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 Medical Plans...

- outpatient treatment of mental or nervous conditions;
- outpatient treatment of alcoholism, or substance abuse;
- intentionally self-inflicted injuries, suicide, or any attempt thereof while sane or insane;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- work-related injury or sickness;
- eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- hearing examinations or hearing aids;
- drugs not requiring a prescription and, under Medical Plan A only, brand name drugs;
- dental care or treatment other than 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 services 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; and
- services provided by a member of a covered person's immediate family or services 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 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 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 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 persons 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-9169-1103, et al and LRS-9222-0205, et al; LRS-9171-1103, et al; and LRS-9173-1103, et al, respectively.

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 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. 24-hour Nurse Hotline, Online Wellness Services and Nutritional Supplements Plan from Coverdell and Company, 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.