

## Plan Highlights

# Group Critical Illness Insurance



## Neenah Joint School District

### COVERAGE

Critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

### ELIGIBILITY

All eligible Employees and their dependents as defined by **Neenah Joint School District** and reflected in your Certificate of Insurance. Note: The definition of dependent may vary by state. \*A person may not have coverage as both an Employee and Dependent.

### BENEFITS AMOUNTS

<b>Employee</b>	Choose from a minimum of \$10,000 to a maximum of \$20,000 in \$5,000 increments.
<b>Spouse</b>	Choose from a minimum of \$5,000 to a maximum of \$10,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
<b>Child</b>	25% of employee coverage

### BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)
- Wellness (Health Screening Benefit) \$50.00

### GUARANTEED ISSUE

The maximum amount of coverage you and your spouse, if applicable, can elect without providing evidence of insurability.

<b>Employee</b>	\$20,000
<b>Spouse</b>	\$10,000
<b>Child</b>	All Child amounts are guaranteed issue.

### BENEFIT PROVISIONS

#### CONTINUATION OF COVERAGE FOR:

- **Absence due to Family and Medical Leave Act of 1993 (FMLA)**  
If your employer is subject to FMLA, your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence under FMLA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the leave period required by FMLA.
- **Absence due to Uniform Services Employment and Reemployment Rights ACT (USERRA)**  
Your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence for Military Service under USERRA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.
- **Portability**  
If you cease to be eligible for coverage (other than by termination of your employer's group policy, or your retirement), you may elect to continue coverage in effect prior to ceasing to be eligible.



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Reliance Standard Life Insurance Company 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 provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

## Recurrence

We may pay a reduced benefit as shown on the Certificate of Insurance for a Critical Illness that is the same Critical Illness previously diagnosed and for which a benefit was paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

## Subsequent Occurrence

We may pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

diagnosed with a Critical Illness for which benefits may be payable.

NO BENEFITS ARE PAYABLE FOR ANY CRITICAL ILLNESS DIAGNOSED BEFORE OR DURING THE BENEFIT WAITING PERIOD. HOWEVER, THIS EXCLUSION DOES NOT APPLY TO CHILDHOOD CRITICAL ILLNESS .

**Note For a comprehensive list of specific limitations, please refer to the Certificate of Insurance.**

## EXCLUSIONS

A benefit will not be paid for a critical illness if caused or contributed by an exclusion listed in the Certificate of Insurance.

## CONTRIBUTION REQUIREMENTS

Employer will pay for \$5000.00 of coverage.

## PREMIUM TABLE

Refer to the attached Premium Table

## NON-INSURANCE SERVICES

- Travel Assistance Services

## LIMITATIONS

### Benefit Waiting Period

This is the period of time, shown on your Certificate of Insurance, that you (or your Insured Dependents if applicable), must be covered under the policy before being

## ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.



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## INCLUDED BENEFITS

ADULT DIAGNOSIS	PERCENTAGE OF COVERAGE AMOUNT -STANDARD
Alzheimer's	100%
Carcinoma in Situ - Partial benefit	25%
Coma	100%
Coronary Disease - Partial Benefit	25%
Heart Attack	100%
Life Threatening Cancer	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Skin Cancer - Partial Benefit	5%
Stroke	100%
CHILD DIAGNOSIS	STANDARD
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%
GENERAL PLAN PROVISIONS	STANDARD
*Wellness (Health Screening) Benefit	\$50.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit/6 months
Subsequent Occurrence	100% of Benefit/0 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Portability	Unlimited or when employee retires

\***Wellness Care** means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.



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**Reliance Standard Plans**  
**Critical Illness Insurance Premium Table**  
**Plan Holder: Neenah Joint School District**  
**Policy Number: VCI000451814**

**SCHEDULED BENEFIT**

Each eligible employee may elect coverage for hs/her self and eligible dependents, an amount of insurance shown in the table below.

**PREMIUMS**

To find your and your spouse's premium:

- Determine your age band (your age as of your last birthday).
- Select a benefit amount from the Benefit Amount column from the table below for you and your spouse. The rates for insurance you have elected will be found in the corresponding Age range column also below.
- When electing coverage for your spouse, you will use 70 as of last birthday.
- Please see page 2 for determining premium for dependent children.

Please note the following:

- Your and your spouse's rates change as you and your spouse move from one age bracket to the next, based on the age determination rules.
- Your and your spouse coverage amounts are subject to benefit reductions as stated on the Plan Highlights so benefit amounts are reduced according to the age-based reduction chart shown on the Plan Highlights.

**Employee Monthly Premiums (Semi-Monthly Premiums are equal to half of the Monthly Premiums)**

Employee Only Election: Monthly Premiums (Total Benefit Amount Includes the District Paid \$5,000 Benefit)										
Benefit Amount	Age 0-29	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+
\$10,000 (\$5,000 District Paid + \$5,000 Employee Paid)	\$1.75	\$3.00	\$3.00	\$6.40	\$6.40	\$13.10	\$13.10	\$27.05	\$27.05	\$50.00
\$15,000 (\$5,000 District Paid + \$10,000 Employee Paid)	\$3.50	\$6.00	\$6.00	\$12.80	\$12.80	\$26.20	\$26.20	\$54.10	\$54.10	\$100.00
\$20,000 (\$5,000 District Paid + \$15,000 Employee Paid)	\$5.25	\$9.00	\$9.00	\$19.20	\$19.20	\$39.30	\$39.30	\$81.15	\$81.15	\$150.00

Spouse Election Amounts: Monthly Premiums										
Benefit Amount	Age 0-29	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+
\$5,000	\$1.75	\$3.00	\$3.00	\$6.40	\$6.40	\$13.10	\$13.10	\$27.05	\$27.05	\$50.00
\$10,000	\$3.50	\$6.00	\$6.00	\$12.80	\$12.80	\$26.20	\$26.20	\$54.10	\$54.10	\$100.00

**Dependent Child(ren)**

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election.

**To calculate Dependent Child(ren) Benefit**

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

**Please read this important information**

You may not have coverage as both an employee and as a dependent.

Employee must have coverage in order for spouse and dependent children to be covered, if applicable.

Please Note: *These rates are approximate and subject to change.*

Note for 20 Pay Employees: *From January-June, 20 pay employees will have an extra deduction per paycheck to pre-pay for July and August coverage.*



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