

Plan Highlights

Voluntary Group Critical Illness Insurance



Augusta Health Care, Inc.

COVERAGE

Voluntary group 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 child care.

ELIGIBILITY

Each Active, Full-time and Part-time Employee, except any person employed on a temporary (PRN) or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$1,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Child(ren): 25% of approved employee amount up to a maximum of \$7,500.

GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$30,000

Child(ren): \$7,500

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

RATES

See attached Rate Sheet

FEATURES

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	25%
Carcinoma In Situ	25%
Coma	25%
Coronary Disease	100%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	25%
Loss of Sight	25%
Loss of Speech	25%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	25%
Multiple Sclerosis	25%
Occupational Hepatitis	25%
Occupational HIV	25%
Paralysis	25%
Ruptured Cerebral, Carotid or Aortic Aneurysm	25%
Severe Brain Damage	25%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	25%
Cleft Lip or Palate	25%
Cystic Fibrosis	25%
Downs' Syndrome	25%
Muscular Dystrophy	25%
Spina Bifida	25%



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, 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.

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.

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 50% of benefit if diagnosed 12 months or later
- ▶ **Wellness (Health Screening) Benefit – \$50**

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