

## Plan Highlights

# Group Critical Illness

## U.S. Venture, Inc.

### 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 *U.S. Venture, Inc.* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

### BENEFITS AMOUNTS

<b>Employee</b>	Choose from a minimum of \$5,000 to a maximum of \$25,000 in \$5,000 increments.
<b>Spouse</b>	Choose from a minimum of \$5,000 to a maximum of \$25,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
<b>Child</b>	50% of employee coverage

### BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Wellness Benefits – Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings.
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)

### GUARANTEED ISSUE

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

**Employee** \$25,000

**Spouse** \$25,000

**Child** All Child amounts are guaranteed issue

### BENEFIT PROVISIONS

#### 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.



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**CONTRIBUTION REQUIREMENTS**

Coverage is 100% employee paid.

**PREMIUM TABLE**

Refer to the attached Premium Table



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<b>Included Benefits: Cancer Conditions</b>	<b>Percentage of Coverage Amount - Standard</b>
Carcinoma in Situ	25%
Invasive Cancer	100%
Skin Cancer	5%
<b>Included Benefits: Neurological Conditions</b>	<b>Percentage of Coverage Amount - Standard</b>
Alzheimer's	100%
Benign Brain Tumor	100%
Coma	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Severe Brain Damage	100%
Stroke	100%
<b>Included Benefits: Heart Conditions</b>	<b>Percentage of Coverage Amount - Standard</b>
Coronary Disease	25%
Heart Attack	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
<b>Included Benefits: Other Conditions</b>	<b>Percentage of Coverage Amount - Standard</b>
Acute Respiratory Distress Syndrome (ARDS)	25%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure ( <i>includes bone marrow</i> )	100%
Paralysis	100%
<b>Included Benefits: Childhood Conditions</b>	<b>Percentage of Coverage Amount - Standard</b>
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
<b>Additional Features</b>	<b>Percentage of Coverage Amount - Standard</b>
Wellness (Health Screening) Benefit	\$100.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit / 6 months
Subsequent Occurrence	100% of Benefit / 6 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Transfer of Coverage	Yes
Portability	Included
Waiver of Premium	None

## **EXCLUSIONS AND LIMITATIONS**

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

## **NON-INSURANCE SERVICES**

- Travel Assistance Services

## **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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**Reliance Standard Plans**  
**Critical Illness Insurance Premium Table**  
**Plan Holder: U.S. Venture, Inc.**  
**Policy Number: VCI2000013179**

**SCHEDULED BENEFIT**

Each eligible employee may elect coverage for his/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:**

Benefit Amount	Age 0-19	Age 20-24	Age 25-29	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 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$1.40	\$1.40	\$1.70	\$2.10	\$2.70	\$4.10	\$6.60	\$9.80	\$13.90	\$20.45	\$28.35	\$18.20	\$25.60	\$25.60	\$25.60
\$10,000	\$2.80	\$2.80	\$3.40	\$4.20	\$5.40	\$8.20	\$13.20	\$19.60	\$27.80	\$40.90	\$56.70	\$36.40	\$51.20	\$51.20	\$51.20
\$15,000	\$4.20	\$4.20	\$5.10	\$6.30	\$8.10	\$12.30	\$19.80	\$29.40	\$41.70	\$61.35	\$85.05	\$54.60	\$76.80	\$76.80	\$76.80
\$20,000	\$5.60	\$5.60	\$6.80	\$8.40	\$10.80	\$16.40	\$26.40	\$39.20	\$55.60	\$81.80	\$113.40	\$72.80	\$102.40	\$102.40	\$102.40
\$25,000	\$7.00	\$7.00	\$8.50	\$10.50	\$13.50	\$20.50	\$33.00	\$49.00	\$69.50	\$102.25	\$141.75	\$91.00	\$128.00	\$128.00	\$128.00

**Dependent Child(ren)**

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election.

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

Employee Benefit Amount x 50% = 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.*