

RSL BasicCare[®] Program



Draw on the protection provided by your benefits.

Important **protection** made available by your employer for **you** and **your dependents** through easy payroll deduction. Your acceptance is **guaranteed**...you cannot be turned down, as long as you sign up during your open enrollment period.

The BasicAdvantage Outpatient Plus Plan described in this brochure is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage under the Affordable Care Act. It is intended to provide you, and your covered dependents, with basic insurance coverage.

The Essential Plan described in this brochure is not a substitute for comprehensive health insurance; however, it is intended to provide minimum essential coverage under the Affordable Care Act.

BasicAdvantage Outpatient Plus Plan

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- No pre-existing conditions exclusions or limitations.
- BasicAdvantage Outpatient Plus 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.
 - ✓ On Call Travel Assistance.
 - ✓ 24-Hour Telemedicine Services. Services are available after a \$30 per-consultation fee has been paid. A credit card is required.
 - ✓ Teletherapy Services. Services are available after a \$69 per-consultation fee has been paid. A credit card is required.

OUTPATIENT BENEFITS	
Doctor and Treatment Benefits:	
Daily Benefit for a Doctor Visit (in office or urgent care facility) Number of Daily Benefits Per Coverage Year	\$50 per day 10
Daily Benefit for the treatment of Mental & Nervous Conditions Number of Daily Benefits Per Coverage Year	\$50 per day 3
Daily Benefit for Outpatient Surgery (Surgeon's Fees) Number of Daily Benefits Per Coverage Year	\$100 per day 1
Radiology Benefits:	
Daily Benefit for a Magnetic Resonance Imaging (MRI) Number of Daily Benefits Per Coverage Year	\$100 per day 1
Daily Benefit for a Computerized Tomography (CT) Scan Number of Daily Benefits Per Coverage Year	\$100 per day 1
Daily Benefit for all other Radiology Services Number of Daily Benefits Per Coverage Year	\$50 per day 3
Pathology Benefits:	
Daily Benefit for all Pathology Services Number of Daily Benefits Per Coverage Year	\$40 per day 3
Ambulance Benefits	
Daily Benefit for Ambulance Number of Daily Benefits Per Coverage Year	\$100 per day 1
Outpatient Facilities Benefits:	
Daily Benefit for an Urgent Care Facility Visit Number of Daily Benefits Per Coverage Year	\$100 per day 2
Daily Benefit for an Emergency Room visit for the treatment of an Accidental Injury Number of Daily Benefits Per Coverage Year	\$500 per day 1
Daily Benefit for an Outpatient Facility or Surgical Center Number of Daily Benefits Per Coverage Year	\$100 per day 1
Prescription Drug Benefits:	
Daily Benefit per Generic Drug Prescription (filled or refilled) Number of Daily Benefits Per Coverage Year	\$25 8

Essential Plan

The **Essential Plan** is intended to provide minimum essential coverage under the Affordable Care Act. It provides you and your enrolled dependents with **preventive care only** and helps you meet the requirements of the Affordable Care Act.

General Information - (Preventive Care Only)

Co-pays: \$0 (\$50 co-pay for brand name contraceptives)

Deductible: \$0

Benefit percentage paid by plan: 100% of covered expenses (Covered expenses are the lesser of the actual or usual & customary charges)

Plan Annual Maximum: Unlimited

Plan Lifetime Maximum: Unlimited

Summary of Covered Services

Below are a few of the common preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

Covered Services for Children & Adolescents

Well Child Exams – physical exams & vision acuity

Assessments – developmental & behavioral

Immunizations – diphtheria, tetanus and pertussis

Screenings – hearing loss, lead poisoning and depression

Covered Services for Adults

Annual Preventive Care Visits – physicals & history

Immunizations – hepatitis & influenza

General Health Screenings – blood pressure, cholesterol & diabetes

Prescription contraceptives for women

Questions & Answers

Who can be covered? In addition to covering yourself, dependent coverage is offered in the BasicAdvantage Outpatient Plus and Essential Plans. Your eligible dependents are your lawful spouse and your children through age 25, or through any age if disabled 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 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 or facilities? No. You are free to use any licensed doctor or any certified facility. However, under the BasicAdvantage Outpatient Plus Plan, you can save money by using a network provider.

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.

Does the BasicAdvantage Outpatient Plus Plan cover maternity? Yes. Outpatient Maternity care is covered.

Are visits to a chiropractor covered under the BasicAdvantage Outpatient Plus Plan? Yes, chiropractic office visits are covered; however, spinal adjustments and 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 BasicAdvantage Outpatient Plus Plan...

- outpatient treatment of alcoholism, or substance abuse;
- intentionally self-inflicted injuries, suicide or attempted suicide while sane or insane;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- work-related injury or sickness;
- normal health checkups;
- eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- hearing examinations or hearing aids;
- brand name drugs and drugs not requiring a prescription;
- dental care or treatment except covered events rendered in connection with the 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 events 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;

- treatment rendered while outside the United States of America; and
- services rendered by an immediate family member or provided by your employer.

What is not covered under the Essential Plan...

- injury or self-inflicted bodily harm;
- sickness or disease of any kind;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- charges in excess of usual, customary & reasonable charges;
- preventive health services not meeting the requirements of the Affordable Care Act;
- dental care, treatment or supplies, except those specifically included as a covered preventive health service for a child;
- laboratory, radiology, or cardiovascular tests performed for the diagnosis or treatment of sickness, disease or injury; and
- preventive health services rendered by an immediate family member or provided by your employer.

The BasicAdvantage Outpatient Plus and Essential Plan are underwritten by Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania under group policy form series: LRS-9497-0613, et al and LRS-9499-0913, et al, or LRS-9167-1103, et al; respectively.

Refer to the accompanying materials for information on premiums.

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. Telemedicine and Teletherapy from Broadreach Medical Resources, 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.

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