

Plan Highlights

Group Critical Illness

Charter CARE Health of Rhode Island Inc.

COVERAGE

Critical illness insurance provides a fixed, lumpsum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, cancer 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 *Charter CARE Health of Rhode Island Inc.* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of \$10,000 to a maximum of \$30,000 in \$10,000 increments.
Spouse	Choose from a minimum of \$10,000 to a maximum of \$30,000 in \$10,000 increments (not to exceed 100% of EE amount)
Child	50% of employee coverage

BENEFIT FEATURES

- Unlimited Lifetime Benefit
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed 6 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 0 months or later)

GUARANTEED ISSUE

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

Employee	\$30,000
Spouse	\$30,000
Child	All Child amounts are guaranteed issue

BENEFIT PROVISIONS

Recurrence

We pay a 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 if the diagnoses are separated by 6 months as shown on the Certificate of Insurance.

Subsequent Occurrence

We pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy if the diagnoses are separated by 0 months as shown on the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.



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Included Benefits: Cancer Conditions	
Carcinoma in Situ	25%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	
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%
Included Benefits: Heart Conditions	
Coronary Artery Disease	50%
Heart Attack	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Included Benefits: Infectious Conditions	
Infectious Disease (<i>hospitalized 5 days</i>)	25%
Included Benefits: Other Conditions	
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Kidney Failure	100%
Major Organ Failure (<i>includes bone marrow</i>)	100%
Paralysis	100%
Included Benefits: Childhood Conditions	
Autism Spectrum Disorder	
DSM-V Severity Level 1	25%
DSM-V Severity Level 2	50%
DSM-V Severity Level 3	100%
Chronic Medical Condition Commonly Diagnosed in Childhood <i>Asthma, cerebral palsy, epilepsy, etc.</i>	100%
Congenital Chromosomal Abnormality <i>Down syndrome, muscular dystrophy, sickle cell disease, etc.</i>	100%
Congenital Metabolic Disorder <i>Cystic fibrosis, Gaucher's Disease, Tay Sachs, etc.</i>	100%
Developmental Delay	100%
Major Congenital Structural Anomaly <i>Cleft lip/palate, complex congenital heart disease, spina bifida, etc.</i>	100%
Additional Features	
Wellness (Health Screening) Benefit	\$50
Lifetime Maximum Benefit	Unlimited
Recurrence Benefit	100% of Benefit / 6 months
Subsequent Occurrence	100% Benefit / 0 months



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Benefit Waiting Period	None
Pre-Existing Limitation	None
Portability	Included

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.

Critical Illness Insurance Premium Table

Plan Holder: Charter CARE Health of Rhode Island Inc.

SCHEDULED BENEFIT

Each eligible employee may elect coverage for his/herself 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 it as of last birthday.
- Please see page 2 to determine premium for dependent children.

Please note the following:

- You 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.

Employee & Spouse 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+			
\$10,000	\$3.70	\$5.90	\$7.50	\$10.50	\$16.40	\$22.90	\$32.00	\$47.40	\$71.00	\$115.80			
\$20,000	\$7.40	\$11.80	\$15.00	\$21.00	\$32.80	\$45.80	\$64.00	\$94.80	\$142.00	\$231.60			
\$30,000	\$11.10	\$17.70	\$22.50	\$31.50	\$49.20	\$68.70	\$96.00	\$142.20	\$213.00	\$347.40			

Dependent Child(ren)

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

Child coverage is included at no additional charge; however still will need to be enrolled.

Please read this important information

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

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



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