Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance

CharterCARE Health Partners

ELIGIBILITY

Each Active Full-Time Executive, Physician, and Dentist working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

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

- Your legal spouse who is not legally separated or divorced from you
- Your legally-recognized domestic or civil union partner
- Your eligible employee's children from birth to age 26.
- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover dependent children.

BENEFIT AMOUNT

Employee: Choose from a minimum of $25,000 to a maximum of $750,000 in $25,000 increments, not to exceed 5 times earnings for amount over $250,000.

Spouse: Choose from a minimum of $5,000, a maximum of $250,000 in $5,000 increments, not to exceed 100% of employee principal sum.

Child(ren): Birth to age 26 years: $5,000 to $10,000 in increments of $5,000.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

** "Member" refers to a hand, foot or eye*

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
65	67%
70	50%

RATES

See attached Rate Sheet

FEATURES

- COMA Benefit
- Conversion Privilege
- Day Care Benefit
- Education Benefit
- Exposure and Disappearance
- MSLA Continuation
- Seat Belt and Air Bag Benefit
- Total Loss of Use Benefit

VALUE-ADDED SERVICES

- Travel Assistance Services

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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-8604, et al, 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. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by 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 and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Reliance Standard Plans
Voluntary AD&D Insurance
Premium Table

Plan Holder: CharterCARE Health Partners

Employee Bi-Weekly Premiums

Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee
$25,000	$0.35	**$275,000**	$3.81	**$525,000**	$7.27
$50,000	$0.69	**$300,000**	$4.15	**$550,000**	$7.62
$75,000	$1.04	**$325,000**	$4.50	**$575,000**	$7.96
$100,000	$1.38	**$350,000**	$4.85	**$600,000**	$8.31
$125,000	$1.73	**$375,000**	$5.19	**$625,000**	$8.65
$150,000	$2.08	**$400,000**	$5.54	**$650,000**	$9.00
$175,000	$2.42	**$425,000**	$5.88	**$675,000**	$9.35
$200,000	$2.77	**$450,000**	$6.23	**$700,000**	$9.69
$225,000	$3.12	**$475,000**	$6.58	**$725,000**	$10.04
$250,000	$3.46	**$500,000**	$6.92	**$750,000**	$10.38

Spouse Bi-Weekly Premiums

Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse
$5,000	$0.07	**$55,000**	$0.76	**$105,000**	$1.45	**$155,000**	$2.15	**$205,000**	$2.84
$10,000	$0.14	**$60,000**	$0.83	**$110,000**	$1.52	**$160,000**	$2.22	**$210,000**	$2.91
$15,000	$0.21	**$65,000**	$0.90	**$115,000**	$1.59	**$165,000**	$2.28	**$215,000**	$2.98
$20,000	$0.28	**$70,000**	$0.97	**$120,000**	$1.66	**$170,000**	$2.35	**$220,000**	$3.05
$25,000	$0.35	**$75,000**	$1.04	**$125,000**	$1.73	**$175,000**	$2.42	**$225,000**	$3.12
$30,000	$0.42	**$80,000**	$1.11	**$130,000**	$1.80	**$180,000**	$2.49	**$230,000**	$3.18
$35,000	$0.48	**$85,000**	$1.18	**$135,000**	$1.87	**$185,000**	$2.56	**$235,000**	$3.25
$40,000	$0.55	**$90,000**	$1.25	**$140,000**	$1.94	**$190,000**	$2.63	**$240,000**	$3.32
$45,000	$0.62	**$95,000**	$1.32	**$145,000**	$2.01	**$195,000**	$2.70	**$245,000**	$3.39
$50,000	$0.69	**$100,000**	$1.38	**$150,000**	$2.08	**$200,000**	$2.77	**$250,000**	$3.46

Child(ren) Bi-Weekly Premiums

Benefit Amount	Premium
$5,000	$0.07
$10,000	$0.14

(One rate and benefit amount for all eligible children in family, regardless of number)

Rates are subject to change.