

Plan Highlights

Group Critical Illness Insurance



North Broward Hospital District D/B/A Broward Health

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 **North Broward Hospital District D/B/A Broward Health** and reflected in your Certificate of Insurance. Note: The definition of dependent may vary by state. *A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of \$5,000 to a maximum of \$40,000 in \$5,000 increments.
Spouse	Choose from a minimum of \$5,000 to a maximum of \$40,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
Child	50% of employee coverage

BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)
- Wellness (Health Screening Benefit) \$50.00

GUARANTEED ISSUE

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

Employee	\$40,000
Spouse	\$40,000
Child	All Child amounts are guaranteed issue.

BENEFIT PROVISIONS

CONTINUATION OF COVERAGE FOR:

- **Absence due to Family and Medical Leave Act of 1993 (FMLA)**
If your employer is subject to FMLA, your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence under FMLA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the leave period required by FMLA.
- **Absence due to Uniform Services Employment and Reemployment Rights ACT (USERRA)**
Your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence for Military Service under USERRA if the premium for such coverage continues to be paid during the leave. As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.
- **Portability**
If you cease to be eligible for coverage (other than by termination of your employer's group policy, or your retirement), you may elect to continue coverage in effect prior to ceasing to be eligible.



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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.

diagnosed with a Critical Illness for which benefits may be payable.

NO BENEFITS ARE PAYABLE FOR ANY CRITICAL ILLNESS DIAGNOSED BEFORE OR DURING THE BENEFIT WAITING PERIOD. HOWEVER, THIS EXCLUSION DOES NOT APPLY TO CHILDHOOD CRITICAL ILLNESS .

Note For a comprehensive list of specific limitations, please refer to the Certificate of Insurance.

EXCLUSIONS

A benefit will not be paid for a critical illness if caused or contributed by an exclusion listed in the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

PREMIUM TABLE

Refer to the attached Premium Table

NON-INSURANCE SERVICES

- Travel Assistance Services

LIMITATIONS

Benefit Waiting Period

This is the period of time, shown on your Certificate of Insurance, that you (or your Insured Dependents if applicable), must be covered under the policy before being

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.

INCLUDED BENEFITS

ADULT DIAGNOSIS	PERCENTAGE OF COVERAGE AMOUNT -STANDARD
Alzheimer's	100%
Benign Brain Tumor	100%
Carcinoma in Situ - Partial benefit	50%
Coma	100%
Coronary Disease - Partial Benefit	50%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's	100%
Ruptured Cerebral, Carotid or Aortic Aneurism	100%
Severe Brain Damage	100%
Skin Cancer - Partial Benefit	5%
Stroke	100%
CHILD DIAGNOSIS	STANDARD
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%
GENERAL PLAN PROVISIONS	STANDARD
*Wellness (Health Screening) Benefit	\$50.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit/6 months
Subsequent Occurrence	100% of Benefit/0 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Transfer of Coverage	Yes
Portability	Unlimited or when employee retires

*Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.



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Reliance Standard Plans
Critical Illness Insurance Premium Table
Plan Holder: North Broward Hospital District D/B/A Broward Health
Policy Number: VCI0000875023

SCHEDULED BENEFIT

Each eligible employee may elect coverage for hs/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.

Tobacco 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	\$1.65	\$1.65	\$2.25	\$2.85	\$3.90	\$4.70	\$5.70	\$9.05	\$9.10	\$18.35	\$31.70	\$31.70	\$31.70	\$31.70	\$31.70
\$10,000	\$3.30	\$3.30	\$4.50	\$5.70	\$7.80	\$9.40	\$11.40	\$18.10	\$18.20	\$36.70	\$63.40	\$63.40	\$63.40	\$63.40	\$63.40
\$15,000	\$4.95	\$4.95	\$6.75	\$8.55	\$11.70	\$14.10	\$17.10	\$27.15	\$27.30	\$55.05	\$95.10	\$95.10	\$95.10	\$95.10	\$95.10
\$20,000	\$6.60	\$6.60	\$9.00	\$11.40	\$15.60	\$18.80	\$22.80	\$36.20	\$36.40	\$73.40	\$126.80	\$126.80	\$126.80	\$126.80	\$126.80
\$25,000	\$8.25	\$8.25	\$11.25	\$14.25	\$19.50	\$23.50	\$28.50	\$45.25	\$45.50	\$91.75	\$158.50	\$158.50	\$158.50	\$158.50	\$158.50
\$30,000	\$9.90	\$9.90	\$13.50	\$17.10	\$23.40	\$28.20	\$34.20	\$54.30	\$54.60	\$110.10	\$190.20	\$190.20	\$190.20	\$190.20	\$190.20
\$35,000	\$11.55	\$11.55	\$15.75	\$19.95	\$27.30	\$32.90	\$39.90	\$63.35	\$63.70	\$128.45	\$221.90	\$221.90	\$221.90	\$221.90	\$221.90
\$40,000	\$13.20	\$13.20	\$18.00	\$22.80	\$31.20	\$37.60	\$45.60	\$72.40	\$72.80	\$146.80	\$253.60	\$253.60	\$253.60	\$253.60	\$253.60

NonTobacco 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	\$1.25	\$1.25	\$1.65	\$1.95	\$2.55	\$3.10	\$3.75	\$5.85	\$5.70	\$11.80	\$20.90	\$20.90	\$20.90	\$20.90	\$20.90
\$10,000	\$2.50	\$2.50	\$3.30	\$3.90	\$5.10	\$6.20	\$7.50	\$11.70	\$11.40	\$23.60	\$41.80	\$41.80	\$41.80	\$41.80	\$41.80
\$15,000	\$3.75	\$3.75	\$4.95	\$5.85	\$7.65	\$9.30	\$11.25	\$17.55	\$17.10	\$35.40	\$62.70	\$62.70	\$62.70	\$62.70	\$62.70
\$20,000	\$5.00	\$5.00	\$6.60	\$7.80	\$10.20	\$12.40	\$15.00	\$23.40	\$22.80	\$47.20	\$83.60	\$83.60	\$83.60	\$83.60	\$83.60



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\$25,000	\$6.25	\$6.25	\$8.25	\$9.75	\$12.75	\$15.50	\$18.75	\$29.25	\$28.50	\$59.00	\$104.50	\$104.50	\$104.50	\$104.50	\$104.50
\$30,000	\$7.50	\$7.50	\$9.90	\$11.70	\$15.30	\$18.60	\$22.50	\$35.10	\$34.20	\$70.80	\$125.40	\$125.40	\$125.40	\$125.40	\$125.40
\$35,000	\$8.75	\$8.75	\$11.55	\$13.65	\$17.85	\$21.70	\$26.25	\$40.95	\$39.90	\$82.60	\$146.30	\$146.30	\$146.30	\$146.30	\$146.30
\$40,000	\$10.00	\$10.00	\$13.20	\$15.60	\$20.40	\$24.80	\$30.00	\$46.80	\$45.60	\$94.40	\$167.20	\$167.20	\$167.20	\$167.20	\$167.20

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.*



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