

# 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 Total Plans described in this brochure are not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage under the Affordable Care Act. They are 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 Total Plan

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- No pre-existing conditions exclusions or limitations.
- BasicAdvantage Total 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.

INPATIENT HOSPITAL BENEFITS	PLAN 1	PLAN 2
<b>Hospital Room &amp; Board Benefits:</b>		
Daily Benefit for the Treatment of Mental & Nervous Conditions Number of Daily Benefits Per Coverage Year	\$100 per day 25	\$100 per day 25
Daily Benefit for the Treatment of Alcohol & Substance Abuse Number of Daily Benefits Per Coverage Year	\$100 per day 25	\$100 per day 25
Daily Benefit for the Treatment of All Other Covered Conditions Number of Daily Benefits Per Coverage Year	\$200 per day 90	\$400 per day 90
<b>Hospital Admission Benefit For Specified Conditions:</b>		
Daily Benefit for Cancer (Malignant Neoplasm) Number of Daily Benefits Per Coverage Year	\$2,000 per day 1	\$2,000 per day 1
Daily Benefit for Heart Attack (Myocardial Infarction) or Daily Benefit for Heart Disease <sup>1</sup> Number of Daily Benefits Per Coverage Year	\$1,500 per day \$1,000 per day 1	\$1,500 per day \$1,000 per day 1
Daily Benefit for Accidental Injury Number of Daily Benefits Per Coverage Year	\$1,000 per day 1	\$1,000 per day 1
Daily Benefit for Stroke (Cerebrovascular Accident - CVA) Number of Daily Benefits Per Coverage Year	\$1,000 per day 1	\$1,000 per day 1
Daily Benefit for Childbirth Number of Daily Benefits Per Coverage Year	\$1,000 per day 1	\$1,000 per day 1
<b>Maximum Surgery Benefit Per Procedure<sup>2</sup></b>	\$500 per day	\$750 per day
<b>Maximum Anesthesia Benefit<sup>3</sup></b>	\$100 per day	\$150 per day
<sup>1</sup> The Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.		
<sup>2</sup> Benefits for covered inpatient surgery are scheduled and range from \$9 to \$500 under Plan 1 and from \$9 to \$750 under Plan 2 based on the specific surgical procedure performed.		
<sup>3</sup> Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.		
<b>OUTPATIENT BENEFITS</b>		
<b>Doctor Visit Benefits:</b>		
Daily Benefit for a New Patient Office Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1	\$75 per day 1
Daily Benefit for an Established Patient Office Visit Number of Daily Benefits Per Coverage Year	\$60 per day 3	\$60 per day 4
Daily Benefit for a Consultation Office Visit Number of Daily Benefits Per Coverage Year	\$75 per day 1	\$75 per day 1
Daily Benefit for an Emergency Room Doctor Visit Number of Daily Benefits Per Coverage Year	\$50 per day 1	\$75 per day 1
<b>Radiology Benefits:</b>		
Daily Benefit for a Magnetic Resonance Imaging (MRI) Number of Daily Benefits Per Coverage Year	\$100 per day 1	\$100 per day 1
Daily Benefit for a Computerized Tomography (CT) Scan Number of Daily Benefits Per Coverage Year	\$50 per day 1	\$50 per day 1
Daily Benefit for all other Radiology Services Number of Daily Benefits Per Coverage Year	\$40 per day 3	\$40 per day 5
<b>Pathology Benefits:</b>		
Daily Benefit for all Pathology Services Number of Daily Benefits Per Coverage Year	\$40 per day 3	\$40 per day 5
<b>Urgent Care Benefits:</b>		
Daily Benefit for an Urgent Care Facility Visit Number of Daily Benefits Per Coverage Year	\$50 per day 1	\$50 per day 1
<b>Emergency Room Visit Benefits:</b>		
Daily Benefit for the treatment of an Accidental Injury Number of Daily Benefits Per Coverage Year	\$500 per day 2	\$500 per day 2
Daily Benefit for the treatment of a Sickness Number of Daily Benefits Per Coverage Year	\$50 per day 3	\$50 per day 3
<b>Maximum Surgery Benefit Per Procedure<sup>4</sup></b>	\$500 per day	\$750 per day
<b>Maximum Anesthesia Benefit<sup>5</sup></b>	\$100 per day	\$150 per day
<b>Prescription Drug Benefits:</b>		
Daily Benefit per Generic Drug Prescription filled or refilled) Number of Daily Benefits Per Coverage Year	\$25 per day 7	\$25 per day 12
<sup>4</sup> Benefits for covered outpatient surgery are scheduled and range from \$14 to \$500 under Plan 1 and from \$14 to \$750 under Plan 2 based on the specific surgical procedure performed.		
<sup>5</sup> Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.		

# Essential Plan

<p><b>The Essential Plan</b> is intended to provide minimum essential coverage under the Affordable Care Act. It provides you and your enrolled dependents with <b>preventive care only</b> and helps you meet the requirements of the Affordable Care Act.</p> <p><b>General Information - (Preventive Care Only)</b>          Co-pays: .....\$0 (except for contraceptives*)          Deductible: .....\$0          Benefit percentage paid by plan: .....100% of covered expenses**          Plan Annual Maximum: .....Unlimited          Plan Lifetime Maximum: .....Unlimited</p>	<p><b>Summary of Covered Services</b>          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.</p> <p><b>Covered Services for Children &amp; Adolescents</b>          Well Child Exams – physical exams &amp; vision acuity          Assessments – developmental &amp; behavioral          Immunizations – diphtheria, tetanus and pertussis          Screenings – hearing loss, lead poisoning and depression</p> <p><b>Covered Services for Adults</b>          Annual Preventive Care Visits – physicals &amp; history          Immunizations – hepatitis &amp; influenza          General Health Screenings – blood pressure, cholesterol &amp; diabetes          Prescription contraceptives for women</p>
<p>* \$50 co-pay for brand name contraceptive drugs          ** Covered expenses are the lesser of the actual or usual &amp; customary charges</p>	

## Questions & Answers

**Who can be covered?** In addition to covering yourself, dependent coverage is offered in the BasicAdvantage Total 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 month after you enroll, provided you are eligible and the required premium has been paid. 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.

**Do I have to use certain doctors, or hospitals?** No. You are free to use any licensed doctor or any certified hospital. However, under the BasicAdvantage Total Plans, you can save money by using a network provider. Rest, nursing or old age homes, or facilities for the treatment of alcoholism, drug addiction or mental disorders are not hospitals.

**How does the BasicAdvantage Total Plans' Hospital Admission Benefits work?** They pay a single daily benefit when you are admitted as an inpatient to the hospital for treatment of any of the conditions shown. The daily benefit amount varies by condition and is payable based on the first diagnosis code listed on the claim form for the hospital admission.

**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.

**Do the BasicAdvantage Total Plans cover maternity?** Yes. Maternity care is covered.

**Are visits to a chiropractor covered under the BasicAdvantage Total Plans?** 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 Total Plans...

- outpatient treatment of mental or nervous conditions;
- 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 Total and Essential Plans are underwritten by Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania under group policy form series: LRS-9497-0613, et al; 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.