RELIANCE STANDARD
LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

GROUP FIXED INDEMNITY BENEFIT CERTIFICATE

Group Policy No. BCM004367 ("the policy"), has been issued to 99 Cents Only Stores which we will refer to as "the Contract Holder". We will refer to Reliance Standard Life Insurance Company as "we", "us", or "our".

The policy was delivered in Texas and will be governed by the laws thereof and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

This Certificate of Insurance is evidence of the Insured's insurance under the policy and of its benefits. Everything contained in this Certificate of Insurance is subject to the provisions, definitions, and exceptions in the policy. The policy is on file with the Contract Holder and may be examined at any reasonable time. Only one of our executive officers can authorize a change to the policy.

This Certificate of Insurance replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the policy.

The President and Secretary of Reliance Standard Life Insurance Company witness this Certificate:

Secretary **President**

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS CERTIFICATE PROVIDES LIMITED ACCIDENT & SICKNESS COVERAGE. IT IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE AFFORDABLE CARE ACT. READ THIS CERTIFICATE CAREFULLY

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SCHEDULE OF BENEFITS

1. ELIGIBILITY: All part-time hourly employees are eligible the first day of the month following 30 days

   Dependent Coverage: _X_ Yes ___ No

2. COVERAGE YEAR: Begins on September 1st and ends on August 31st of the following year.

3. COVERED EVENTS AND BENEFIT AMOUNTS:

Hospital Confinement Daily Income Benefit*

Daily benefit	$ 400 per day
Maximum benefit per Coverage Year	90 daily benefits

** Confinements for mental illness, alcoholism and substance abuse are limited as shown in **DESCRIPTION OF BENEFITS.***

Doctors' Visits Benefit

Daily benefit for a new patient visit	
(1 daily benefit per Coverage Year)	$ 75 per day
Daily benefit for an established patient visit	
(4 daily benefits per Coverage Year)	$ 60 per day
Daily benefit for a consultation visit	
(1 daily benefit per Coverage Year)	$ 75 per day
Daily benefit for an Urgent Care Facility Visit	
(1 daily benefit per Coverage Year)	$ 50 per day
Daily benefit for an emergency room visit	
(1 daily benefit per Coverage Year)	$ 75 per day

Diagnostic Laboratory Tests Benefit

Daily benefit for all laboratory tests	
(5 daily benefits per Coverage Year)	$ 40 per day

Diagnostic Radiology Tests Benefit

Daily benefit for a Magnetic Resonance Imaging (MRI)	
(1 daily benefit per Coverage Year)	$ 100 per day
Daily benefit for a Computerized Tomography (CT) Scan	
(1 daily benefit per Coverage Year)	$ 50 per day
Daily benefit for all other radiology tests	
(5 daily benefits per Coverage Year)	$ 40 per day

Emergency Room (ER) Visits Benefit

Daily benefit for an ER visit for the treatment of a Sickness	
(3 daily benefits per Coverage Year)	$ 50 per day
Daily benefit for an ER visit for the treatment of an Injury	
(2 daily benefits per Coverage Year)	$ 500 per day

Surgery Benefit

Daily benefit per surgery performed as an Inpatient	$70 multiplied by the facility relative value unit for the specific surgery noted on the "CMS National Physician Fee Schedule Relative Value File."
Daily benefit per surgery performed as an Outpatient	$70 multiplied by the non-facility relative value unit for the specific surgery noted on the "CMS National Physician Fee Schedule Relative Value File."
Maximum daily benefit per surgery	
For surgery performed as an Inpatient	$ 750 per day

For surgery performed as an Outpatient $ 750 per day

Administration of Anesthesia Benefit

Daily benefit per administration 20% of the corresponding surgery benefit

Maximum daily benefit per administration

For surgery performed as an Inpatient $ 150 per day

For surgery performed as an Outpatient $ 150 per day

Hospital Admission Benefit**

A. Childbirth - When the first diagnosis code is either of the following:

O80 NORMAL DELIVERY

Z37.0 OUTCOME OF DELIVERY

Daily benefit per Hospital admission $ 1,000 per day

Maximum benefit per Coverage Year for all codes listed under A 1 daily benefit

B. Cancer (Malignant Neoplasm) - When the first diagnosis code is any of the following:

C00.0	MALIGNANT NEOPLASM OF LIP
C02.0	MALIGNANT NEOPLASM OF TONGUE
C07	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLANDS
C03.0	MALIGNANT NEOPLASM OF GUM
C04.0	MALIGNANT NEOPLASM FLOOR OF MOUTH
C06.0	MALIGNANT NEOPLASM OTHER & UNSPECIFIED PARTS OF MOUTH
C09.8	MALIGNANT NEOPLASM OF OROPHARYNX
C11.0	MALIGNANT NEOPLASM OF NASOPHARYNX
C13.0	MALIGNANT NEOPLASM OF HYPOPHARYNX
C14.0	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY, AND PHARYNX
C15.3	MALIGNANT NEOPLASM OF ESOPHAGUS
C16.0	MALIGNANT NEOPLASM OF STOMACH
C17.0	MALIGNANT NEOPLASM OF SMALL INTESTINE, INCLUDING DUODENUM
C18.3	MALIGNANT NEOPLASM OF COLON
C19	MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION & ANUS
C22.0	MALIGNANT NEOPLASM OF LIVER & INTRAHEPATIC BILE DUCTS
C23	MALIGNANT NEOPLASM OF GALLBLADDER & EXTRAHEPATIC BILE DUCTS
C25.0	MALIGNANT NEOPLASM OF PANCREAS
C48.0	MALIGNANT NEOPLASM OF RETROPERITONEUM & PERITONEUM
C26.0	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
C30.0	MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR & ACCESSORY SINUSES
C32.0	MALIGNANT NEOPLASM OF LARYNX
C33	MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, & LUNG
C38.4	MALIGNANT NEOPLASM OF PLEURA
C37	MALIGNANT NEOPLASM OF THYMUS, HEART,& MEDIASTINUM
C39.0	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES IN THE RESPIRATORY SYSTEM & INTRATHORACIC ORGANS
C41.0	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE
C47.0	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
C43.0	MALIGNANT MELANOMA OF SKIN
C44.0	OTHER MALIGNANT NEOPLASM OF SKIN
C50.011	MALIGNANT NEOPLASM OF FEMALE BREAST
C50.021	MALIGNANT NEOPLASM OF MALE BREAST
C46.0	KAPOSI'S SARCOMA
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C53.0	MALIGNANT NEOPLASM OF CERVIX UTERI
C58	MALIGNANT NEOPLASM OF PLACENTA
C54.1	MALIGNANT NEOPLASM OF BODY OF UTERUS
C56.1	MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA
C52	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
C61	MALIGNANT NEOPLASM OF PROSTATE
C62.00	MALIGNANT NEOPLASM OF TESTIS
C60.0	MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS
C67.0	MALIGNANT NEOPLASM OF BLADDER
C64.1	MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS
C69.40	MALIGNANT NEOPLASM OF EYE
C71.0	MALIGNANT NEOPLASM OF BRAIN
C72.20	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C74.00	MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
C76.0	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES
C77.0	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES
C78.00	SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS
C79.00	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
C80.0	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE
C83.30	LYMPHOSARCOMA AND RETICULOSARCOMA AND OTHER SPECIFIED MALIGNANT TUMORS OF LYMPHATIC TISSUE
C81.70	HODGKIN'S DISEASE

C82.00	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE
C90.00	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS
C91.00	LYMPHOID LEUKEMIA
C92.00	MYELOID LEUKEMIA
C93.00	MONOCYTIC LEUKEMIA
C94.00	OTHER SPECIFIED LEUKEMIA
C95.00	LEUKEMIA OF UNSPECIFIED CELL TYPE
D00.00	CARCINOMA IN SITU OF DIGESTIVE ORGANS
D02.0	CARCINOMA IN SITU OF RESPIRATORY SYSTEM
D04.00	CARCINOMA IN SITU OF SKIN
D05.00	CARCINOMA IN SITU OF BREAST AND GENITOURINARY SYSTEM
D09.20	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED SITES
D37.030	NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE AND RESPIRATORY SYSTEMS
D39.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF GENITOURINARY ORGANS
D44.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF ENDOCRINE GLANDS AND NERVOUS SYSTEMS
D48.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES
D49.0	NEOPLASMS OF UNSPECIFIED NATURE

Daily benefit per Hospital admission $ 2,000 per day
Maximum benefit per Coverage Year for all codes listed under B 1 daily benefit

C. Stroke (Cerebrovascular Accident/CVA) - When the first diagnosis code is any of the following:

I60.00	SUBARACHNOID HEMORRHAGE
I61.0	INTRACEREBRAL HEMORRHAGE
I62.1	OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE
I65.1	OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
I66.01	OCCLUSION OF CEREBRAL ARTERIES
G45.0	TRANSIENT CEREBRAL ISCHEMIA
I67.8	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE
I67.2	OTHER AND ILL-DEFINED CEREBROVASCULAR DISEASE
I69.01	LATE EFFECTS OF CEREBROVASCULAR DISEASE

Daily benefit per Hospital admission $ 1,000 per day
Maximum benefit per Coverage Year for all codes listed under C 1 daily benefit

D. Heart Attack (Myocardial Infarction) - when the first diagnosis code is any of the following:

I21.09	ACUTE MYOCARDIAL INFARCTION
I25.3	ANEURYSM OF HEART
I25.41	ANEURYSM OF CORONARY VESSELS
I25.42	DISSECTION OF CORONARY ARTERY
I25.3	OTHER ANEURYSM OF HEART

Daily benefit per Hospital admission $ 1,500 per day
Maximum benefit per Coverage Year for all codes listed under D 1 daily benefit

- OR -

E. Heart Disease - when the first diagnosis code is any of the following:

I00	RHEUMATIC FEVER WITHOUT MENTION HEART INVOLVEMENT
I01.0	RHEUMATIC FEVER W/HEART INVOLVEMENT
I02.0	RHEUMATIC CHOREA
I09.2	CHRONIC RHEUMATIC PERICARDITIS
I05.0	DISEASES OF MITRAL VALVE
I06.0	DISEASES OF AORTIC VALVE
I08.0	DISEASES OF MITRAL & AORTIC VALVES
I07.0	DISEASES OF OTHER ENDOCARDIAL STRUCTURES
I09.0	OTHER RHEUMATIC HEART DISEASE
I10	ESSENTIAL HYPERTENSION
I11.9	HYPERTENSIVE HEART DISEASE
I13.10	HYPERTENSIVE HEART & RENAL DISEASE
I24.8	OTHER ACUTE & SUBACUTE FORMS ISCHEMIC HEART DISEASE
I25.2	OLD MYOCARDIAL INFARCTION
I20.8	ANGINA PECTORIS
I25.10	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE
I26.01	ACUTE PULMONARY HEART DISEASE
I27.0	CHRONIC PULMONARY HEART DISEASE
I32	ACUTE PERICARDITIS
I33.0	ACUTE AND SUBACUTE ENDOCARDITIS
I41	ACUTE MYOCARDITIS
I31.2	OTHER DISEASES OF PERICARDIUM
I34.0	OTHER DISEASES OF ENDOCARDIUM
I42.3	CARDIOMYOPATHY
I44.2	CONDUCTION DISORDERS
I47.1	CARDIAC DYSRHYTHMIAS
I50.20	HEART FAILURE
I51.4	ILL-DEFINED DESCRIPTION & COMPLICATIONS HEART DISEASE

Daily benefit per Hospital admission $ 1,000 per day

Maximum benefit per Coverage Year for all codes listed under E — 1 daily benefit

F. Accidental Injury - when the first diagnosis code is any of the following:

S02.0xxA – T14.8	FRACTURES
S03.0xxA – M99.10	DISLOCATIONS
S43.50xA – S03.1xxA	SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES
S06.0x0A – S06.891A	INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE
S27.0xxA – S36.90xA	INTERNAL INJURY OF THORAX, ABDOMEN, AND PELVIS
S01.111A – S88.111A	OPEN WOUND
S15.009A – S75.001A	INJURY TO BLOOD VESSELS
S00.01xA – T07	SUPERFICIAL INJURY
S00.03xA – S70.10xA	CONTUSION WITH INTACT SKIN SURFACE (EXCLUDING 922.33)
S07.0xxA – S77.20xA	CRUSHING INJURY
T15.00xA – T19.0xxA	EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE
T26.50xA – T30.0	BURNS
S04.011A – S14.4xxA	INJURY TO NERVES AND SPINAL CORD
T79.0xxA – S09.10xA	CERTAIN TRAUMATIC COMPLICATIONS AND UNSPECIFIED INJURIES

Daily benefit per Hospital admission — $ 1,000 per day
Maximum benefit per Coverage Year for all codes listed under F — 1 daily benefit

*** The benefit varies based on the first ICD-10 diagnosis code listed on the claim form for the Hospital admission. All ICD-10 diagnosis codes for which a benefit is payable are shown.*

Generic Prescription Drug Benefit

Daily benefit per generic drug filled or refilled — $ 25 per day
Generic drug maximum benefit per Coverage Year — 12 daily benefits

OTHER BENEFITS

None

4. INDIVIDUAL EFFECTIVE DATE: the following will apply to eligible employees of the Contract Holder and their Eligible Dependents.

Coverage will be effective the first day of the month following enrollment, provided the required premium is paid.

5. PREMIUMS:

The following rates are the combined premium for Policy BCM004367 and BEC004368.

Premium Payable: Monthly

Premium Amount:		
	Employee Only:	$101.47
	Employee Plus Spouse:	$202.20
	Employee Plus Child(ren):	$214.80
	Employee Plus Family:	$344.92

GENERAL DEFINITIONS

"Accident" means a sudden, unforeseeable event that causes Injury to a Covered Person.

“COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985.

“Coverage Year” means the period of time described on the Schedule of Benefits.

"Covered Person" means any eligible person for whom coverage is in effect under the policy.

"Doctor" means any duly licensed practitioner who is recognized by the law of the state in which the care or treatment is rendered as qualified to perform the care or treatment for which claim is made.

"Eligible Dependents" means:

a) the Insured's lawful spouse; and

b) the Insured's eligible children who are less than age 26.

Eligible children include natural children, stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures and children for whom coverage has been court-ordered; and

c) the Insured’s child of any age who is medically certified as disabled and dependent on the Insured; and

d) the Insured’s grandchildren, if such grandchildren are dependents of the Insured for federal income tax purposes at the time of enrollment or the Insured is required to provide coverage for such child pursuant to a court order.

"Hospital" means an institution operated by law for the care and treatment of injured or sick persons; has organized facilities for diagnosis and surgery or has a contract with another hospital for these facilities; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, a facility for treatment of alcoholism or drug addiction, or a facility for treatment of mental disorders.

"Injury" means accidental bodily Injury of a Covered Person:

a) caused by an Accident; and

b) that results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

"Inpatient" means a Covered Person who has been formally admitted to a Hospital for purposes of receiving inpatient Hospital services for no less than 23 hours.

"Insured" means an employee for whom coverage is in effect under the policy.

"Medically Necessary" means the care, treatment or supply is:

a) rendered for the diagnosis, treatment, cure or relief of a health condition, Sickness, Injury or its symptoms; and

b) necessary for and appropriate to the diagnosis or treatment according to the attending medical care provider.

"Outpatient" means a Covered Person who experiences covered events while other than an Inpatient at a Hospital.

"Sickness" means illness or disease of a Covered Person that:

a) is treated by a Doctor while the person is covered under the policy; and

b) results directly and independently of all other causes in loss covered by the policy.

INDIVIDUAL EFFECTIVE DATES

Insured - Individual insurance will become effective as indicated on the Schedule of Benefits.

An eligible person may enroll only within 31 days after becoming eligible or experiencing a qualified change in their family situation (e.g. a divorce, legal separation, death, marriage, or birth/adoption of a new child), or during an open enrollment period, unless otherwise indicated by the policy. Open enrollment period means a pre-determined term during which any eligible person who previously did not enroll for coverage under the policy may enroll for coverage.

Dependents - Dependent insurance will become effective on the latest of:

a) the Insured's effective date if the dependent is eligible as of the Insured's effective date and the Insured enrolls and pays premium for the dependent on or before that date; or

b) if a dependent is not eligible as of the Insured's effective date, such dependent's coverage will be effective on the date they become eligible, provided the Insured enrolls and pays premium for the dependent within 31 days of the date the dependent becomes eligible; however, if a dependent is eligible as of the Insured's effective date but not enrolled, such dependent's coverage will be effective on the date the Insured enrolls and pays premium for the dependent provided that occurs within 31 days of the date the Insured experiences a qualified change to their family situation; or

c) as provided on the Schedule of Benefits.

In no case will coverage for eligible dependents take effect before the Insured's.

Newborn Child Coverage: A child of the Insured born while the policy is in force is provided coverage for covered events rendered for Injury and Sickness (including covered events that are necessary to care and treat congenital defects, birth abnormality and premature birth), as well as those for routine newborn care for the first 31 days. The child is covered from the moment of birth until the 31st day of age. A notice of birth and the additional premium, if any, must be submitted to us within 31 days of the birth in order to continue coverage for Injury and Sickness beyond the initial 31-day period.

Adopted Children Coverage: A minor child for whom the Insured or spouse is a party in a suit seeking adoption, while the policy is in force is provided coverage for covered events rendered for Injury and Sickness. The coverage provided to such child will be the same as provided for other members of the Insured's family. Such child is covered from the date the suit for adoption is instituted provided the Insured applies for coverage and pays any required premium within 31 days after the date the adoption becomes final. However, coverage begins at the moment of birth if the suit for adoption, application for coverage and payment of premium occurs within 31 days after the child's birth. Coverage for such child will continue unless the suit for adoption is dismissed or denied.

INDIVIDUAL TERMINATION DATES

Insured - Coverage for an Insured will end on the earliest of:

a) the date the Insured is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid; or

b) any premium due date, if full payment for the Insured's coverage is not made within 31 days following the premium due date; or

c) the date that the policy terminates; or

d) the date the Insured enters an armed service on full-time active duty. Premium will be returned on a pro-rata basis if the Contract Holder notifies us in writing.

Dependents - Coverage for dependents will end on the earlier of:

a) the Insured's termination date; or

b) any premium due date, if full payment for the dependent's coverage is not made within 31 days following the premium due date; or

c) the date the dependent is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid.

Coverage will continue for any child who reaches the age limit and is both medically certified as disabled and dependent on the Insured or spouse. The Insured must give us proof of the child's disability and dependency within 31 days of the child reaching the age limit. We may require proof again from time to time but not more often than once a year after the 2 years that follow the child reaching the age limit.

In no case will coverage end later than the Insured's.

Termination will not affect a claim for benefits for covered events that occur while the person is covered by the policy.

EXTENSION OF BENEFITS

If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered events occurring after the date coverage under the policy ends as long as they meet the following requirements:

a) the covered event must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and

b) the covered event must occur within 90 days after the date the Covered Person's coverage under the policy ends; and

c) coverage must not have ended as a result of the Covered Person's or, in the case of a dependent child, the child's parents voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

As used in this section, "totally disabled" means:

a) with respect to a Covered Person who would otherwise be employed, the complete inability to perform all of the substantial and material duties of such person's occupation; and

b) with respect to a Covered Person who is not otherwise gainfully employed, confinement as an Inpatient in a Hospital.

DESCRIPTION OF BENEFITS

The following provisions describe the benefits we will pay for covered events. We will pay benefits for a covered event only once, even if the event could be included under more than one benefit description, unless otherwise indicated.

Hospital Confinement Daily Income Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person is confined as an Inpatient in a Hospital if:

a) the Hospital confinement is Medically Necessary; and

b) the Covered Person is under a Doctor's care; and

c) the Hospital confinement begins while the Covered Person is covered under the policy.

Payment of the applicable daily benefit will start on the first day of Hospital confinement and will continue for a period not to exceed the maximum benefit, as shown on the Schedule of Benefits.

Limitations:

Mental Illness Confinements - Benefits payable for Hospital confinements that result from mental or nervous disorders are limited to $100 per day and 25 days per Coverage Year.

Alcoholism & Substance Abuse Confinements - Benefits payable for Hospital confinements that result from alcoholism and/or substance abuse are limited to $100 per day and 25 days per Coverage Year.

Doctors' Visits Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person visits a Doctor if the visit is:

a) Medically Necessary; or

b) for a medical consultation made by a Doctor whose advice or opinion is being requested by another Doctor; and

c) made while the Covered Person is not an Inpatient in a Hospital; and

d) made while such person is covered under the policy.

Daily benefits for Doctors' visits will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Diagnostic Laboratory Tests Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person has diagnostic laboratory tests performed if the test is:

a) Medically Necessary; and

b) performed while the Covered Person is not an Inpatient in a Hospital; and

c) performed while such person is covered under the policy.

We will not pay more than one daily benefit if the Covered person has more than one diagnostic laboratory test performed per day. Daily benefits for diagnostic laboratory tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Diagnostic Radiology Tests Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person has diagnostic radiology tests performed if the test is:

a) Medically Necessary; and

b) performed while the Covered Person is not an Inpatient in a Hospital; and

c) performed while such person is covered under the policy.

We will not pay more than one daily benefit if the Covered person has more than one diagnostic radiology test performed per day. Daily benefits for diagnostic radiology tests will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Emergency Room Visits Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person visits a Doctor in an emergency room if:

a) the visit is Medically Necessary; and

b) the visit occurs while such person is covered under the policy.

We will not pay more than one daily benefit if the Covered person has more than one visit to the emergency room per day. Daily benefits for visits to the emergency room will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Emergency room" means a pre-designated and fixed medical/surgical care area within a Hospital that:

a) treats patients on an Outpatient basis; and

b) is utilized exclusively for the diagnosis and treatment of such patients' acute and/or critical conditions; and

c) has emergency life saving equipment and supplies that are immediately accessible; and

d) is staffed with medical personnel specially trained for duty in such an area; and

e) is not primarily a clinic, Doctor's office or free-standing surgical facility.

Surgery Benefit

We will pay the applicable daily benefit shown on the Schedule of Benefits for each day a Covered Person has surgery performed if the surgery is:

a) Medically Necessary; and

b) performed by a Doctor; and

c) performed while such person is covered under the policy.

Daily benefits for surgeries performed while the Covered Person is an Inpatient differ from those for surgeries performed while the Covered Person is an Outpatient, as shown on the Schedule of Benefits.

Daily benefits for all surgeries are subject to any applicable maximum benefit shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Surgery" means a procedure that is classified as a surgery in the National Physician Fee Schedule Relative Value File published by the Centers for Medicare and Medicaid Services (CMS).

Administration of Anesthesia Benefit

We will pay the applicable daily benefit shown on the Schedule of Benefits for each day a Covered Person is administered anesthesia, if the administration of anesthesia is:

a) Medically Necessary; and

b) performed by a Doctor; and

c) performed while such person is covered under the policy; and

d) billed directly by the provider and not as a charge from a Hospital; and

e) performed in conjunction with a surgery covered under the policy.

Daily benefits for anesthesia administered while the Covered Person is an Inpatient differ from those for anesthesia administered while the Covered Person is an Outpatient, as shown on the Schedule of Benefits.

Daily benefits for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Hospital Admission Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for the first day a Covered Person is admitted to a Hospital as an Inpatient if:

a) the Hospital admission is Medically Necessary; and

b) the Covered Person is under a Doctor's care; and

c) the Hospital admission occurs while the Covered Person is covered under the policy; and

d) the Hospital admission is for an ICD-10 diagnosis code shown on the Schedule of Benefits.

Daily benefits for Hospital admissions will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits. This benefit is payable in addition to any other benefit payable under the policy.

Additional Definitions - Wherever used in this benefit:

"Hospital admission" means each separate time a Covered Person is admitted to a Hospital as an Inpatient; except that if a Covered Person is admitted to a Hospital within 90 days after being discharged from a preceding Hospital admission for the same or a related cause, the second admission will be considered a part of the first Hospital admission.

Generic Prescription Drug Benefit

We will pay the applicable daily benefit amount shown on the Schedule of Benefits for each day a Covered Person has a prescription filled or refilled by a pharmacist. The prescription must be for a generic drug that is:

a) prescribed by a Doctor;

b) legally obtainable from only a pharmacist;

c) Medically Necessary for the Covered Person's Injury or Sickness;

d) prescribed while the Covered Person is not confined in a Hospital; and

e) dispensed while such person is covered under the policy.

Daily benefits for prescription drugs will be paid up to the applicable maximum benefit, as shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Pharmacist" means a person trained and licensed in the art of preparing and dispensing drugs.

CONTINUATION OF COVERAGE

Coverage for covered events that occur as a result of Injury or Sickness may be continued as described below. Medical information regarding the condition of a person's health is not required for this continued coverage. If a Covered Person exercises this option, it will be in lieu of any continuation rights granted under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

Eligibility:

Insured - Insureds may elect to continue coverage for themselves and their covered dependents. Coverage may be continued for 18 months if one of the following events occurs:

a) an Insured's employment is terminated for any reason other than gross misconduct; or

b) a reduction in an Insured's hours results in the loss of such coverage.

Disabled Insured - Insureds who are determined to be disabled under the Social Security Act within 60 days of the date they become eligible for continuation under this provision, may continue coverage for themselves and their covered dependents for up to 29 months.

Dependents - A covered dependent may elect to continue coverage for a period of 36 months if one of the following events occurs:

a) the death of the Insured;

b) the divorce or legal separation of the Insured and dependent spouse;

c) the Insured becomes entitled to Medicare benefits;

d) a dependent child is no longer a dependent child for the purposes of the plan.

Coverage:

If a Covered Person exercises this option, coverage will be identical in scope to the coverage provided in the policy.

Premiums:

The Covered Person will pay premiums directly to the Contract Holder with the option of paying in monthly installments. The premiums will not exceed 102 percent of the applicable premium for such period.

Notice Requirements:

The Contract Holder must notify us in writing within 31 days after the date:

a) the Insured dies; or

b) the Insured's employment is terminated or the Insured's hours are reduced; or

c) the Insured becomes entitled to Medicare benefits.

Each covered dependent who wishes to continue coverage must notify us in writing within 60 days after the date:

a) of divorce or legal separation from the Insured; or

b) a dependent child is no longer a dependent child for the purposes of the plan.

Upon our receipt of any such notice, we must give written notice of the right to continue coverage to the Covered Person(s) within 14 days.

Covered Persons who wish to continue coverage must notify us in writing within 60 days after the date they receive notice of their right to continue coverage.

Termination:

Covered Persons who exercise this option will not have their coverage interrupted or canceled or otherwise terminated until the date on which:

a) they fail to make a premium payment in the time required to make that payment; or

b) they become covered under another group health plan, without limitation as to any pre-existing condition that affects coverage; or

c) they become entitled to Medicare benefits; or

d) the required period for continued coverage ends; or

e) the policy is terminated.

EXCLUSIONS

No benefits will be paid for loss caused by or resulting from:

a) intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;

b) declared or undeclared war or any act thereof;

c) the Covered Person's commission of a felony;

d) work-related Injury or Sickness;

e) mental or nervous disorders, except as noted in **Hospital Confinement Daily Income Benefit**;

f) alcoholism or substance abuse, except as noted in **Hospital Confinement Daily Income Benefit**.

In addition to the above exclusions, no benefits will be paid for:

a) eye examinations for glasses; any kind of eye glasses, or prescriptions for any eyeglasses;

b) normal health checkups;

c) hearing examinations or hearing aids;

d) dental care, treatment or supplies other than covered events rendered in connection with the care and treatment of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 6 months of the Accident;

e) reading or interpreting the results of any diagnostic laboratory or radiology tests;

f) care, treatment or supplies rendered in connection with cosmetic surgery, except covered events rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;

g) care, treatment or supplies rendered to a Covered Person while outside the United States of America;

h) care, treatment or supplies rendered by a member of the Covered Person's immediate family or provided by the Contract Holder.

PREMIUMS

Premiums are shown on the Schedule of Benefits. Premium must be paid to us on or before the premium due date and not more than 31 days after the effective date of an eligible person's coverage. A person's coverage will not be affected by the Contract Holder's failure, due to clerical error, to remit premiums to us on time.

Rates are provided on a group basis. Premiums may be changed on any premium due date, on or after the first Policy Anniversary Date, with 60 days' advance notice in writing to the Contract Holder.

Grace Period: The Contract Holder has a 31-day grace period after each ensuing premium due date once the first premium has been paid. If a subsequent premium is not paid by the end of the grace period, coverage will end as of the premium due date. If this happens, the Contract Holder will still owe us all premiums then due, including any premium due for the grace period or for any part of the grace period through which claims were paid.

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given to us within 30 days after a loss occurs, or as soon as reasonably possible. Notice should include information that identifies the claimant and the policy.

Claim Forms: When we receive notice of claim that does not contain all necessary information or is not on an appropriate claim form, we will send forms for filing proof of loss to the claimant along with a request for any missing information. If these forms are not sent within 15 days after receiving notice of claim, the claimant will meet the proof of loss requirements if we are given, within 90 days, written proof of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to us within 90 days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to us within 1 year after it is due, unless the Insured is legally incapable of doing so.

Time of Payment of Claim: Benefits for loss covered by the policy will be paid not more than 60 days after our receipt of proper written proof of such loss.

Payment of Claims: All benefits will be paid to the Insured, if living, unless an Assignment of Benefits has been requested by the Insured. Any benefits due and unpaid at the Insured's death will be paid to the Insured's estate. Any payment made by us in good faith pursuant to this provision will fully release us to the extent of such payment.

Physical Examination: At our expense, we may have a person claiming benefits examined as often as reasonably necessary while the claim is pending.

Legal Action: No legal action may be brought to recover on the policy before 60 days after written proof of loss has been furnished as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

GENERAL PROVISIONS

Incontestability: The validity of the policy will not be contested except for nonpayment of premiums. No statement made by the Contract Holder or any Covered Person, except a fraudulent one, will be used to contest a claim under the policy. We may only contest coverage if the misstatement is made in a written instrument signed by the Contract Holder or the Covered Person and a copy is given to the Contract Holder or Covered Person.

Not in Lieu of Workers' Compensation: The policy is not in lieu of and does not affect requirements for coverage under Workers' Compensation laws.

Termination of Policy: The Contract Holder may terminate the policy at any time on or after the first anniversary of the policy's effective date, by sending us written notice. The policy will be terminated on the date that we receive the notice or later if specified in the notice. We may terminate the policy at any time on or after the first anniversary of its effective date, by sending the Contract Holder at least 31 days' prior written notice to its most recent address in our records. We will return pro-rata the unearned portion of the premiums, if any, that were paid. Termination will be without prejudice to a claim for covered events that occurred while the policy was in force.

DOMESTIC PARTNERS ELIGIBILITY RIDER

This rider amends the policy or certificate to which it is attached, and takes effect and expires concurrently with such policy or certificate.

The following modifications are hereby made to the policy or certificate:

1. The following is added to the GENERAL DEFINITIONS section:

   "Qualified Domestic Partner" means a person: who is at least 18 years of age; who is not related to the Insured by blood; who has been living together with the Insured for at least 12 consecutive months; who is financially interdependent with the Insured for all living expenses; and, for whom a written affidavit of domestic partnership, acceptable to us, has been completed. An Insured may not have more than one Qualified Domestic Partner nor may a person be a Qualified Domestic Partner for more than one person.

2. The following is added to the end of the description of Eligible Dependents:

   The phrase Eligible Dependents also includes:

   a) a Qualified Domestic Partner; and

   b) children of a Qualified Domestic Partner who would be eligible for coverage if they were the Insured's children.

3. The following is added to the description of when coverage for a dependent ends:

   Additionally, coverage will end:

   a) for a Qualified Domestic Partner, on the earliest of:

      1) the day the Insured or Qualified Domestic Partner ends the domestic partnership;

      2) the day the Insured or Qualified Domestic Partner gets married to another person or becomes a domestic partner of another person; or

      3) the day the Insured and Qualified Domestic Partner stop living together.

   b) for a child of a Qualified Domestic Partner, on the earlier of:

      1) the date the child no longer meets the qualifications as required for the Insured's children; or

      2) the date the Qualified Domestic Partner is no longer covered under the policy.

   NOTE: The Insured must notify us within 30 days if there is any change in the domestic partner status between the Insured and Qualified Domestic Partner. A signed statement of termination of domestic partnership will be required.

Nothing contained in this rider will alter, waive or extend the provisions, conditions or limitations of the policy, except as expressly stated above. This rider expires at the same time as the policy or certificate to which it is attached.

RELIANCE STANDARD LIFE INSURANCE COMPANY

President

RELIANCE STANDARD LIFE INSURANCE COMPANY
1700 Market St., Suite 1200, Philadelphia, PA 19103-3938

IMPORTANT NOTICE

To obtain information or to make a complaint:

You may call Reliance Standard Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-HELP-RSL

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, Texas 78714-9104
FAX # (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail:
ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Par obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Reliance Standard Life Insurance Company para informacion o para someter una queja al:

1-800-HELP-RSL

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, Texas 78714-9104
FAX # (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail:
ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.