VCI Plan Description & Cost Summary

Prepared For Eagle Advantage Charter School

Proposal Effective Date: 9/1/2022 **Proposal Expiration Date:** 9/12/2022

Eligibility

Employees: Each Active Full-Time employee working 30 hours or more per week, except any person working on a temporary or seasonal basis.

Spouse: An Eligible employee's legal spouse under age 75.(However, on the date of application, the spouse must be under age 70 to enroll).

Coverage for domestic partners may be available upon request, unless prohibited by state law. Domestic and civil union partner coverage is automatically included on the plan where required by state law.

Dependent Children Dependent Child means the Eligible employee's child(ren), from Birth to 26 years, including natural children, legally adopted children, children who are dependent on the Eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Eligible employee's custody to be considered a Dependent.

The Eligible employee's unmarried grandchild(ren) to 25 years, who is financially dependent upon the Eligible employee for support and in the Eligible employee's custody.

Also included are the Eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you would like us to consider them in the eligibility.

Additional Information

Life Event Changes We recognize that insurance needs may change at a time that does not coincide with an annual enrollment - like the employee's marriage or divorce, or the birth or adoption of the first dependent child to be insured. We call these "life event changes" and allow the employee to apply (or if already insured, to increase or decrease his/her amount of insurance) outside of the formal enrollment period. Requirements include that the election be made within 31 days after life event change, and that the application/increase be for an amount not to exceed your case guaranteed issue amount.

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Plan Design

Standard Plan	**Employees:**	Minimum of $5,000 to a maximum of $50,000 in $1,000 increments. Guaranteed Issue Amount $30,000
	Spouse	Minimum of $5,000 to a maximum of $50,000 in $1,000 increments. Guaranteed Issue Amount $30,000 (not to exceed 100% of employee coverage)
	Child	25% of employee coverage All child amounts are guaranteed issue.

Note: The states of New Jersey, New Hampshire, Massachusetts, California, and New York require their residents to be enrolled in an overlying major medical plan in order to enroll for Critical Illness.

Included Benefits

Diagnosis	Standard Plan
Alzheimer's	50%
Benign Brain Tumor	100%
Carcinoma in Situ - Partial benefit	25%
Coma	100%
Coronary Disease - Partial Benefit	25%
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%
Paralysis	100%
Parkinson's	50%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Skin Cancer - Partial Benefit	5%
Stroke	100%
General Plan Provisions	
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/3 months
Benefit Waiting Period	None
Pre-Ex Limitation	None
Portability	Unlimited or when employee retires or reaches age
Military Services Leave of Absence	Included

Rate Schedule

Critical Illness Insurance Cost
Monthly Rate per Employee, and Spouse, per $1,000 of Coverage

Employee and Spouse Premium Cost

Standard Plan	
Age	**Premium Rate**
0-29	$0.38
30-39	$0.70
40-49	$1.47
50-59	$2.97
60-69	$5.76
70+	$14.54

Age-banded premium rates are based on the age at issue. They will change on the policy anniversary date coinciding with or next following the Insured employee's /Insured Dependent spouse's last birthday. The Insured Dependent spouse age, for purposes of determining Premium, is equivalent to the Insured employee’s age.

Dependent Children Insurance Cost
Monthly Rate per $1,000 of Coverage

	Standard Plan
Child Premium Rates	$0.86

One rate for all eligible Dependent Children in family, regardless of number.

Note: Premium/benefit is payable in US currency.

Participation Requirements and Rate Guarantee

Participation Requirements
You must have a minimum participation the lesser of 10% or 10 Insured employee lives.

Rate Guarantee
We guarantee the final premium rates for 24 months from the Policy effective date.

Renewability
The Policy is optionally renewable.

VCI Plan Exclusions and Limitations

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Termination of Individual Insurance	An Insured's coverage will terminate on the first of the following to occur: • the date the Policy terminates • the date the Insured ceases to be in a class eligible for this insurance • the end of the period for which premium has been paid • the date when the lifetime maximum benefit has been paid under the Policy • the date the Insured person enters military service on active duty (not including Reserves or National Guard)
Policy Termination	You may cancel the policy at any time. We may cancel: • if premium is not paid at the end of the grace period; • if the number of Insureds (excluding Dependents) is less than the lesser of 10% or 10 Insured employee lives; • If Optionally Renewable, then on any Policy anniversary after coverage has been in force for twelve (12) months
Pre-Existing Condition Limitation	Benefits are subject to a pre-existing condition limitation. A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an Insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (reflected on the Plan Description) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illness is diagnosed after the coverage period (reflected on the Plan Description) from the Insured's effective date of coverage (or effective date of an increase). A pre-existing condition limitation will not apply to a recurrence of a Critical Illness or to any Childhood Critical Illnesses reflected on the Plan Description, if applicable.
Exclusions	A Critical Illness benefit will not be paid if caused by or contributed to by one of the following: • an act of war, declared or undeclared • intentionally self-inflicted Injury • the Insured's commission or attempted commission of a felony • the Insured's use of alcohol or drugs unless taken as prescribed by a physician • a Sickness or Injury that occurs while the Insured is confined in a penal or correctional institution • cosmetic or elective surgery that is not medically necessary

- committing or attempting to commit suicide while sane or insane
- the Insured's participation in a riot or insurrection
- for a Critical Illness Diagnosed outside of the United States or its territories unless such Diagnosis is confirmed within the United States. If such Diagnosis is confirmed within the United States, the Critical Illness will be deemed to have occurred on the date Diagnosis was made outside the United States
- for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected on the Plan Description. (Subsequent Occurrence)
- for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected on the Plan Description. (Recurrence)
- for a Critical Illness which is Diagnosed during the Benefit Waiting Period. However, this exclusion does not apply to Childhood Critical Illnesses , if applicable, as listed in the Policy

Exclusions may vary by state. Based on the final plan design, your Policy may not contain all of the exclusions described above.

VCI Plan Defined Terms

Benefit Waiting Period	The period of time shown on the Plan Description after the Insured's, Individual Effective Date of coverage that the Insured must be covered under the Policy before being 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.
Concurrent Diagnosis of More Than One Critical Illness	If the Insured can qualify for benefits for more than one Critical Illness at the same time (within the Recurrence or Subsequent Occurrence separation period), we will only pay for one (1) Critical Illness with the highest benefit.
Continuation of Insurance	An insured employee may continue his/her coverage (and that of any insured Dependents, if applicable) in accordance with the following but not longer than: • twelve (12) months, if due to Sickness or Injury; or • one (1) month, if due to temporary lay-off or approved leave of absence. Your Policy must remain in force for an Insured's coverage to continue. Premium must be paid during the continuation period or coverage will terminate.
Critical Illness Benefit	A lump sum benefit (per the Plan Description and Included Benefits sections of the Plan Description & Cost Summary of this proposal) will be payable if the Insured is Diagnosed by a physician with a Critical Illness. Payment of the benefit is subject to all of the following: • the Diagnosis must have been made within the United States or its territories • the Insured's coverage must be in force under the Policy at the time of the Diagnosis of a Critical Illness • the Diagnosis must be made by a physician after completion of any applicable Benefit Waiting Period • any exclusions, limitations or conditions contained in the Policy • any age reduction as shown in the Policy
Diagnosed Or Diagnosis	The diagnosis by a physician that must be: • made while the Insured's coverage is in force under the Policy; and • made after the Benefit Waiting Period as shown on the Plan Description; and • in writing; and

	• based on objective clinical findings or laboratory tests that are supported by medical records and any other diagnostic requirements defined in the Policy
Eligibility	An Eligible employee means an individual who is performing duties (on a full or part time basis as defined by terms of their employment) pertaining to his/her job in the place where, and in the manner in which, the job is normally performed. This includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of an injury or sickness.
Family and Medical Leave Act (FMLA)	Employers that are subject to the Family and Medical Leave Act of 1993 are mandated to continue group health coverage during an approved period of family or medical leave, just as if the employee was on the job during that time. FMLA does not require you to continue this group coverage, but we make continuation available as an option. Coverage may continue for the employee, and his/her Insured Dependents if applicable, until the later of the end of the leave period required by the Family and Medical Leave Act of 1993, as amended, or any similar state law and in accordance with your policies for such leave provided premium continues to be paid. If you choose not to continue coverage while the Insured employee is on FMLA, coverage will be reinstated when the Insured employee returns from such leave. A leave of absence taken in accordance with the Family and Medical Leave Act of 1993 will run concurrently with any other applicable continuation of insurance provision in the Policy.
Guaranteed Issue	An Eligible employee, and his/her Dependent spouse if applicable, will automatically be insured for an Amount of Insurance up to the guaranteed issue amount as shown on the Plan Description if application is made within thirty-one (31) days of first becoming eligible. Dependent Children coverage is always guaranteed issue, but the Eligible employee must be approved for insurance in order for children to be insured.
Insured	Insured means person(s) covered under the Policy.
Lifetime Maximum Benefit	The aggregate maximum we will pay under the Policy for all Critical Illness for each person insured. Wellness (Health Screening) Benefits are not included towards this maximum benefit.
Portability	If the Insured employee's coverage terminates because he/she ceases to be eligible (other than termination of the Policy or the Insured employee's retirement), he/she may port (elect to continue) coverage in effect prior to ceasing to be eligible. Evidence of insurability is not required. Dependent coverage, if applicable, may not be ported independent of the Insured employee. Portability must be elected within thirty-one (31) days from the date coverage

terminates, provided premium payment is made. Please refer to the Policy/Certificate for specific information on Portability requirements.

Recurrence Benefit Pays a reduced benefit as shown on the Plan Description for a Critical Illness Diagnosed in the same Category as a Critical Illness Diagnosed previously and 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 Plan Description.

Subsequent Occurrence Benefit Pays for a Critical Illness Diagnosed in a different Category 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 Plan Description.

Uniformed Services Employment and Reemployment Rights Act (USERRA) We will continue the Insured employee's coverage and that of his/her Insured Dependents, if applicable, in accordance with USERRA and your policies surrounding USERRA provided the premium continues to be paid. If you choose not to continue the Insured employee coverage and that of his/her Insured Dependents, if applicable, we will reinstate coverage when the Insured employee returns from such leave.

Please note that while the Insured employee is on military services leave, there is no coverage for any loss which occurs while on active duty if such loss is caused by or arises out of such military service, including but not limited to war or act of war, whether declared or undeclared.

A leave of absence taken in accordance with USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.

Wellness (Health Screening) Benefit Available to the Insured employee, and his/her Insured Dependents, if applicable. The Wellness (Health Screening) Benefit pays the amount shown on the Plan Description for one (1) health screening test performed during an one twelve (12) month period for each Insured, up to a maximum of (4) benefits per family. Health screening tests covered under the Policy are:

- ALT/AST (liver function test)
- Biopsy for cancer
- Blood test for triglycerides
- Bone density testing (DEXA scan)
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram

- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Genetic tests
- Hemoccult stool analysis
- Hepatitis screening
- Human Immunodeficiency Virus (HIV) screening
- Mammography
- Pap test
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer screening
- Stress test on a bicycle or treadmill
- Ultrasound screening (of the breast, of the abdominal aorta for abdominal aortic aneurysms, of carotid arteries (carotid doppler), or for cancer detection
- Any other preventative health screenings, including, but not limited to, tests, diagnostic procedures, routine examinations and immunizations.

The foregoing information represents a brief synopsis of benefit features, limitations and exclusions under the Group Critical Illness policy. For more detailed information, please refer to the Policy. Group Critical Illness coverage is provided by policy form, LRS-9537-0118, et al through Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company 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 provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Non-Insurance Services

On Call Travel Assistance

While your employees are traveling, the unexpected happens: they get sick or injured. What can they do? Who can they call for help?

Travel assistance services provide medical assistance services for employees of our Policyholders.

Whenever your covered employees are on a trip in a foreign country or 100 miles or more from home, they are eligible for a wide array of medical and travel assistance services.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees. Some of the services provided are:

- Emergency Evacuation
- Emergency Payment/Cash Assistance
- Emergency Translator and Interpreter
- Locating Legal Services/Bail Bond
- Medical Insurance Assistance
- Missing Baggage Assistance
- Repatriation of Remains
- Transportation for a Family Member or Friend
- Passport and Visa Information
- Emergency Card Replacement
- Consulate and Embassy Information
- Health Hazards Advisory and Inoculation Requirements
- Emergency Message Service
- Emergency Ticket Replacement
- Hotel Convalescence Arrangements
- Locating Medical Care
- Medically Necessary Repatriation
- Prescription Drug Assistance
- Return of Dependent Children
- Vehicle Return
- Travel Locator Services
- Weather Information
- Case Communications
- Currency Exchange Information

The total of all services in connection with emergency evacuation, medically necessary repatriation, transportation of a family member or friend, return of dependent children, and repatriation of remains are subject to a limit of $100,000 per person per event.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time. We compensate On Call to underwrite the cost of the travel assistance program.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.