Plan Highlights

Group Critical Illness

The Specialty Alliance®

The Specialty Alliance Management LLC

COVERAGE

Critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, cancer 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 *The Specialty Alliance Management LLC* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of $10,000 to a maximum of $30,000 in $10,000 increments.
Spouse	Choose from a minimum of $10,000 to a maximum of $30,000 in $10,000 increments, not to exceed 100% of approved employee amount.
Child	50% of employee coverage

BENEFIT FEATURES

- Unlimited Lifetime Maximum Benefit
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed)
- Wellness Benefits – Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings.
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)

GUARANTEED ISSUE

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

Employee	$30,000
Spouse	$30,000
Child	All Child amounts are guaranteed issue

BENEFIT PROVISIONS

Recurrence

We pay a 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 6 months as shown on the Certificate of Insurance.

Subsequent Occurrence

We 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 0 months as shown on the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

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www.reliancematrix.com

Reliance Matrix is branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

Included Benefits: Cancer Conditions	Percentage of Coverage Amount
Carcinoma in Situ / Breast Cancer in Situ	100%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	**Percentage of Coverage Amount**
Alzheimer's	100%
Benign Brain Tumor	100%
Coma	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Stroke	100%
Included Benefits: Heart Conditions	**Percentage of Coverage Amount**
Coronary Disease	25%
Heart Attack	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Included Benefits: Other Conditions	**Percentage of Coverage Amount**
Occupational HIV/Hepatitis	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure *(includes bone marrow)*	100%
Paralysis	100%
Included Benefits: Childhood Conditions	**Percentage of Coverage Amount**
Cerebral Palsy, Muscular Dystrophy, Sickle Cell Disease	100%
Cleft Lip or Palate, Congenital Heart Disease	100%
Cystic Fibrosis, Type 1 Diabetes, Epilepsy	100%
Down syndrome, Tay Sachs	100%
Spina Bifida, Gaucher's Disease	100%
Additional Features	**Percentage of Coverage Amount**
Wellness (Health Screening) Benefit	$50
Lifetime Maximum Benefit	Unlimited
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	Included
Travel Assistance Benefit	Included

EXCLUSIONS AND LIMITATIONS / ADDITIONAL INFORMATION

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The 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 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.

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Critical Illness Insurance Premium Table
Plan Holder: The Specialty Alliance Management LLC

MONTHLY PREMIUMS

- Determine your age band (your age as of your last birthday).
- 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.

Age Band	Employee	Employee + Spouse	Employee + Child(ren)	Family
$10,000 EE / $10,000 SP / $5,000 CH				
18-24	$3.10	$4.65	$5.30	$6.85
25-29	$3.10	$4.65	$5.30	$6.85
30-34	$4.40	$6.60	$6.60	$8.80
35-39	$5.80	$8.70	$8.00	$10.90
40-44	$8.20	$12.30	$10.40	$14.50
45-49	$12.40	$18.60	$14.60	$20.80
50-54	$17.20	$25.80	$19.40	$28.00
55-59	$25.00	$37.50	$27.20	$39.70
60-64	$35.30	$52.95	$37.50	$55.15
65-69	$46.40	$69.60	$48.60	$71.80
70-74	$63.50	$95.25	$65.70	$97.45
75+	$84.90	$127.35	$87.10	$129.55
$20,000 EE / $20,000 SP / $10,000 CH				
18-24	$6.20	$9.30	$8.40	$11.50
25-29	$6.20	$9.30	$8.40	$11.50
30-34	$8.80	$13.20	$11.00	$15.40
35-39	$11.60	$17.40	$13.80	$19.60
40-44	$16.40	$24.60	$18.60	$26.80
45-49	$24.80	$37.20	$27.00	$39.40
50-54	$34.40	$51.60	$36.60	$53.80
55-59	$50.00	$75.00	$52.20	$77.20
60-64	$70.60	$105.90	$72.80	$108.10
65-69	$92.80	$139.20	$95.00	$141.40
70-74	$127.00	$190.50	$129.20	$192.70
75+	$169.80	$254.70	$172.00	$256.90
$30,000 EE / $30,000 SP / $15,000 CH				
18-24	$9.30	$13.95	$11.50	$16.15
25-29	$9.30	$13.95	$11.50	$16.15
30-34	$13.20	$19.80	$15.40	$22.00
35-39	$17.40	$26.10	$19.60	$28.30
40-44	$24.60	$36.90	$26.80	$39.10
45-49	$37.20	$55.80	$39.40	$58.00
50-54	$51.60	$77.40	$53.80	$79.60
55-59	$75.00	$112.50	$77.20	$114.70
60-64	$105.90	$158.85	$108.10	$161.05
65-69	$139.20	$208.80	$141.40	$211.00
70-74	$190.50	$285.75	$192.70	$287.95
75+	$254.70	$382.05	$256.90	$384.25

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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