Plan Highlights

Group Critical Illness

Dicalite Management Group, Inc.

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 *Dicalite Management Group, Inc.* 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 $5,000 to a maximum of $30,000 in $5,000 increments.
Spouse	Choose from a minimum of $5,000 to a maximum of $30,000 in $5,000 increments, not to exceed 100% of approved employee amount.
Child	50% of employee coverage

BENEFIT FEATURES

- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- 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 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.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

PREMIUM TABLE

Refer to the attached Premium Table

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 - Standard
Breast Cancer in Situ	25%
Carcinoma in Situ	25%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	**Percentage of Coverage Amount - Standard**
Alzheimer's	100%
Benign Brain Tumor	100%
Coma	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Severe Brain Damage	100%
Stroke	100%
Transient Ischemic Attack (TIA)	25%
Included Benefits: Heart Conditions	**Percentage of Coverage Amount - Standard**
Coronary Artery Disease	25%
Heart Attack	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Sudden Cardiac Arrest	100%
Included Benefits: Other Conditions	**Percentage of Coverage Amount - Standard**
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Kidney Failure	100%
Major Organ Failure *(includes bone marrow)*	100%
Paralysis	100%
Severe Burns *(covering 30% of body)*	100%
Included Benefits: Childhood Conditions	**Percentage of Coverage Amount - Standard**
Chronic Medical Condition Commonly Diagnosed in Childhood *Asthma, cerebral palsy, epilepsy, etc.*	100%
Congenital Chromosomal Abnormality *Down syndrome, muscular dystrophy, sickle cell disease, etc.*	100%
Congenital Metabolic Disorder *Cystic fibrosis, Gaucher's Disease, Tay Sachs, etc.*	100%
Major Congenital Structural Anomaly *Cleft lip/palate, complex congenital heart disease, spina bifida, etc.*	100%
Additional Features	**Percentage of Coverage Amount - Standard**
Recurrence Benefit	100% of Benefit / 6 months
Subsequent Occurrence	100% of Benefit / 0 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Portability	Included
Waiver of Premium	None

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EXCLUSIONS AND LIMITATIONS

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

NON-INSURANCE SERVICES

- Travel Assistance Services

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.

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Reliance Standard Plans
Critical Illness Insurance Premium Table
Plan Holder: Dicalite Management Group, Inc.
Policy Number: VCI2000075551

SCHEDULED BENEFIT

Each eligible employee may elect coverage for his/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.

Employee Monthly Premiums:

Benefit Amount	Age 0-29	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	$2.15	$3.00	$4.10	$6.45	$10.25	$16.80	$24.30	$36.45	$50.10	$69.70	$87.90	$108.45	$127.30
$10,000	$4.30	$6.00	$8.20	$12.90	$20.50	$33.60	$48.60	$72.90	$100.20	$139.40	$175.80	$216.90	$254.60
$15,000	$6.45	$9.00	$12.30	$19.35	$30.75	$50.40	$72.90	$109.35	$150.30	$209.10	$263.70	$325.35	$381.90
$20,000	$8.60	$12.00	$16.40	$25.80	$41.00	$67.20	$97.20	$145.80	$200.40	$278.80	$351.60	$433.80	$509.20
$25,000	$10.75	$15.00	$20.50	$32.25	$51.25	$84.00	$121.50	$182.25	$250.50	$348.50	$439.50	$542.25	$636.50
$30,000	$12.90	$18.00	$24.60	$38.70	$61.50	$100.80	$145.80	$218.70	$300.60	$418.20	$527.40	$650.70	$763.80

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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