

Reliance Standard Life Insurance Company BasicCare Program

BasicMed Plan
Employee Brochure



Important protection for **You** and **Your** dependents ...
made available by your employer ... through easy payroll deduction.

Your acceptance is **Guaranteed** — you cannot be turned down,
as long as you sign-up during your open enrollment period.

Medical

This is not a comprehensive major medical plan, nor is it intended to replace a major medical plan. The plan is intended to provide you, and your covered dependents, with basic insurance coverage.

- Visit any doctor or hospital.
- Enrolled dependents receive the same coverage as you.
- Prescription Drug Card offering discounts at participating pharmacies.
- No pre-existing conditions exclusions or limitations.

Inpatient Benefits – Treatment for Sickness	
Maximum Benefit per coverage year	\$7,500
Subject to these benefit limits:	
Room & Board per day	\$400
Surgeons' Fees per coverage year	\$1,000
Anesthesiologists' Fees per coverage year	\$200
Benefit % paid by plan	70%
Inpatient Benefits – Treatment for Accident	
Maximum Benefit per coverage year	\$5,000
Benefit % paid by plan	70%
Outpatient Benefits	
Maximum Benefit per coverage year	\$750
Benefit % paid by plan (except for Doctor Office Visits)	70%
Doctor Office Visits Co-pay per visit	\$20
Benefit % paid by plan for Doctor Office Visits	100%
Emergency Room Benefits	
Treatment for Sickness - Maximum Benefit per visit (limited to three visits per coverage year)	\$50
Treatment for Accident - Maximum Benefit per visit (limited to two visits per coverage year)	\$250
Benefit % paid by plan	100%
Wellness Care Visits Benefits	
Maximum Benefit per coverage year	\$100
Co-pay per visit	\$20
Benefit % paid by plan	100%
Prescription Drug Card Benefits	
Generic Drug Maximum Benefit per coverage year	\$750
Generic Drug Co-pay per prescription	\$5
Generic Drug Benefit % paid by plan	100%
<ul style="list-style-type: none"> • Where the benefit is expressed as a percentage, the basis of payment will be either the lower of actual or usual & customary charges or, when applicable, the negotiated network charges. • After the \$20 co-pay for a doctor's office visit, the plan pays 100% of the remaining charge subject to the Outpatient Maximum Benefit. (Does not include tests, lab fees, x-rays, injections, etc., which are covered under the Outpatient Benefits.) 	

Questions & Answers

Who can be covered? In addition to covering yourself, dependent coverage is offered in the medical plan. Your eligible dependents are your lawful spouse and your unmarried children through age 18 who live with you and depend on you for support (through age 24 if a full-time student), or through any age if handicapped 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 will end if (1) the required premiums are not paid; (2) you are no longer an eligible employee; (3) the insurance policy terminates; 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 written 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 any certified hospital. However, you can save money by using an in-network provider.

What is co-pay? A co-pay is the amount that you are responsible for paying each time you incur covered expenses for doctors' office visits, wellness care visits, and prescription drugs.

What is "wellness care"? It is medical examinations and procedures that are preventative in nature and not for the treatment of an injury or sickness.

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.

Does the medical plan cover maternity? Yes. Maternity is a covered expense.

Is chiropractic care covered under the medical plan? Yes.

Does the medical plan cover reconstructive surgery following a mastectomy? Yes. A covered person who has a mastectomy is covered by the medical plan for reconstruction of the affected breast, surgery and reconstruction of the other breast for appearance, and for prostheses and any physical complications at all stages of mastectomy (including lymphedemas) as determined by the attending doctor and patient. These services are subject to the same maximums and limits that would apply with respect to eligible expenses for any other covered loss.

EXCLUSIONS AND 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 Medical Plan...

- suicide or attempted suicide, or any intentionally self-inflicted injuries, while sane or insane;
- acts of war (declared or undeclared);
- the covered person's commission of a felony;
- services by an immediate family member or by your employer;
- mental or nervous disorders;
- alcoholism or substance abuse;
- sickness and injury related to the covered person's work;
- eye or hearing examinations, eye glasses or hearing aids;
- treatment in a government facility or other facility not unconditionally requiring payment;
- dental treatment or cosmetic surgery (except reconstructive breast surgery following a mastectomy);
- brand name drugs and drugs not requiring a prescription;
- expenses used towards co-pays, or in excess of benefit limits or maximums, or negotiated or usual & customary charges; and
- inpatient doctors' visits and inpatient private-duty nursing charges.

The Medical Plan is underwritten by Reliance Standard Life Insurance Company, Philadelphia, Pennsylvania under group policy form series LRS-9167-1103, et al.

Refer to the accompanying materials for information on weekly 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 and services 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.

