Insurance coverage for recovery

Where luck fails, modern medicine has succeeded: More and more Americans are outliving cancer, stroke, heart disease and other critical illnesses. It’s a mixed blessing. On the one hand, it’s another chance at life and family. On the other, surviving a critical illness brings with it considerable financial demands at a time when life is plenty demanding.

There’s life insurance for loved ones who live on. There’s disability insurance to help recoup lost income when an illness keeps you from your paycheck. But what about the gaps — those additional expenses that come with battling a major disease, when you’re least able to meet them? As a hedge against the lost income, out of pocket medical expenses and all the “little things” that add up, there is Voluntary Critical Illness insurance (VCI) from Reliance Standard.

The VCI plan offers employers a valuable benefit at no direct cost, and employees an excellent opportunity to purchase valuable coverage in the increments right for their family, through convenient payroll deduction. Key plan features include:

- Coverage from $5,000 to $50,000 for employees and spouses
- Guaranteed Issue amounts subject to participation
- Dependent child(ren) coverage (Guaranteed Issue)
- Portability
- FMLA/MSLA continuation
- Tobacco User/Non-Tobacco user rates available
- Five year age-banded rates
- Wellness benefit standard, may be excluded
- Option to include or exclude cancer coverage
- May be purchased as 100% employee paid or contributory
- HSA-compliant plan design available

Do the math:

Some 1.4 million Americans were diagnosed with cancer last year. American men and women have a 2 in 3 chance of living at least five years after a cancer diagnosis.

—AACII, 2010
Do the math:

Of the 1.5 million Americans who will declare bankruptcy this year, 60% are due to medical bills. More than ¾ of those had health insurance but were negatively impacted by deductibles, co-payments and living expenses related to the illness.

—AACII, 2011

The Coverage

- VCI provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more.

- Critical illnesses fall into three categories, as follows:
  - Cancer Related
  - Cardiovascular Related, like heart attack, stroke, aneurysm or coronary artery bypass
  - Other, like blindness, coma, kidney failure, major organ transplant, paralysis, etc.

- Cancer may be included or excluded as a benefit category, or cancer in situ may be excluded leaving coverage for life threatening cancer only

- Standard benefit waiting period is 30 days

The Benefit

- Employees may elect an amount of insurance from $5,000 to $50,000 in $1,000 increments

- Spouses under age 70 are eligible for an amount of insurance from $5,000 to $50,000 in $1,000 increments (typically matches and may not exceed employee’s approved benefit)

- No standalone spouse coverage — employee must be covered

- Dependent children, when covered, receive a benefit equal to 25% of the employee’s approved benefit up to $12,500

The Plan Design

Key plan features unique to VCI include:

- Basic: 100% of Amount of Insurance — payable for major critical illnesses including Heart Attack, Stroke, Life-threatening Cancer, Major Organ Transplant and Kidney (Renal) Failure. Cancer may be excluded if a policyholder already has a separate cancer policy.

- Partial: 25% of Amount of Insurance — partial benefit is payable for coronary artery bypass or cancer in situ.

- Enhanced: 100% of Amount of Insurance — employer may elect to include an enhanced benefit applicable to less common critical illnesses such as Paralysis, Coma, Severe Brain Damage, Blindness, Ruptured Cerebral, Carotid or Aortic Aneurysm.

- Wellness (Health Screening) Benefit – employer may elect to offer an optional lump sum benefit of $50 payable in consideration of one named health screening or diagnostic test in a 12-month period such as mammography, chest x-ray, various blood tests, colonoscopy, pap smear and others.

- Recurrence Benefit — a reduced benefit (50%) is payable for a critical illness diagnosed in the SAME category as one already diagnosed and payable, provided the diagnoses are at least 18 months apart (standard).
Lifetime Maximum Benefit per Category — the maximum aggregate amount payable under the policy for diagnoses grouped within the three categories above (cancer-related, cardiovascular-related, and other). The lifetime max is 200% of the amount of insurance for each category.

Subsequent Occurrence Benefit — a benefit is payable for a critical illness diagnosed in a DIFFERENT category from one already diagnosed, provided the diagnoses are at least 6 months apart (standard).

Concurrent Diagnoses — when more than one covered critical illness is diagnosed at the same time, the highest applicable single-diagnosis benefit will be paid.

Other — Portability is included; the standard pre-ex limitation is 12/12 subject to state requirements; other exclusions and limitations apply.

Eligibility
Eligible employees are all active full-time employees working a minimum of 30 hours per week. Both Employee and Spouse must be under the age of 70 at the date of application in order to apply for this coverage.

Employee must be insured for dependents to be covered. A person may not have coverage as both an employee and as a covered dependent.

Guaranteed Issue
Guaranteed issue amounts (for Employee and Spouse) are contingent on having group participation of 20% or more eligible employees enrolled. If the participation threshold is not met, all applicants will be medically underwritten, regardless of requested benefit amount. All dependent child coverage is guaranteed issue.

Portability
The employee may be able to keep his/her insurance (and any Dependent Insurance) if he/she becomes ineligible. The employee must have been covered for at least 12 months and can be given credit for time under the prior carrier’s plan. He/she can elect lower benefit amounts at the time he/she ports coverage, however the plan must include all the same coverages. Premiums are direct-billed to the insured on a quarterly basis.

First Diagnosis
Employees who have experienced an initial diagnosis of a critical illness prior to obtaining coverage with Reliance Standard, can still be covered at the same benefit levels as those who have never been diagnosed with a previous critical illness, subject to the pre-existing condition limitation. In our standard plan design, Reliance Standard does not exclude first diagnosis/first occurrence of any type of critical illness.

Wellness Benefit
An insured and his/her insured dependents may receive a $50 benefit payable for one health screening test performed within a 12 month period. Some of the health screening tests covered under the policy are: breast ultrasound or mammography, blood test for lipids including LDL, HDL and triglycerides, chest x-ray, colonoscopy, and pap smear.

Limitations

Pre-existing Condition Limitation
Our Critical Illness plans include a “12/12” pre-existing condition limitation subject to state requirements. A pre-existing condition is any condition (whether diagnosed or not) for which an insured sought, treatment, advice, care or services from a doctor, or for which he/she took prescribed drugs or medicines within a specified period of time (12 months) before the individual effective date of coverage. Benefits would not be payable for a disability due to a pre-existing condition, should the insured become disabled due to such pre-existing condition within the first 12 months of coverage.

Exclusions
The following is a list of some but not all the exclusions. A critical illness benefit will not be paid under the following circumstances:

- Intentionally self-inflicted injuries
- Act of war, declared or undeclared
- Committing a felony
- Injury or sickness that occurs while the insured is confined in a penal or correctional institution
- Participation in a riot or insurrection
- Critical Illness which is diagnosed before or during the Benefit Waiting Period

For a comprehensive list of exclusions, please refer to the policy.
NOTE: This brochure is intended for use by agents and brokers only, and is not intended for distribution to the general public. The availability of the described products, benefits and features may vary by state. Critical illness coverage is provided by policy series: LRS-9401-0111, et al through Reliance Standard Life Insurance Company. Insurance products and services are provided through Reliance Standard Life Insurance Company in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, home office: New York, NY.