

## Plan Highlights

# Group Critical Illness

## Stanadyne Operating Company, LLC

### 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 *Stanadyne Operating Company, LLC* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

### BENEFITS AMOUNTS

<b>Employee</b>	Choose from a minimum of \$10,000 to a maximum of \$30,000 in \$10,000 increments.
<b>Spouse</b>	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.
<b>Child</b>	50% of employee coverage

### BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Wellness Benefits – \$50 benefit for any preventative health screening or test including but not limited to, annual physicals, immunizations, dentalexams 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.

<b>Employee</b>	\$30,000
<b>Spouse</b>	\$30,000
<b>Child</b>	All Child amounts are guaranteed issue

### BENEFIT PROVISIONS

#### Recurrence

We will pay a benefit as shown on the Certificate of Insurance for a Specified Disease that is the same Specified Disease previously diagnosed and for which a benefit was paid under the policy, with no waiting period, as shown on the Certificate of Insurance.

#### Subsequent Occurrence

We will pay for a diagnosed Specified Disease that is different from a Specified Disease previously diagnosed, for which a benefit has been paid under the policy, with no waiting period, as shown on the Certificate of Insurance.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### PREMIUM TABLE

Refer to the attached Premium Table



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Included Benefits: Cancer Conditions	Percentage of Coverage Amount - Standard
Breast Cancer in Situ	100%
Carcinoma in Situ	30%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	Percentage of Coverage Amount - Standard
Alzheimer's	50%
Benign Brain Tumor	100%
Coma	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	50%
Parkinson's	100%
Severe Brain Damage	100%
Stroke	100%
Included Benefits: Heart Conditions	Percentage of Coverage Amount - Standard
Coronary Artery Disease	50%
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 ( <i>includes bone marrow</i> )	100%
Paralysis	100%
Severe Burns ( <i>covering 30% of body</i> )	100%
Included Benefits: Childhood Conditions	Percentage of Coverage Amount - Standard
Chronic Medical Condition Commonly Diagnosed in Childhood <i>Asthma, cerebral palsy, epilepsy, type I diabetes etc.</i>	100%
Congenital Chromosomal Abnormality <i>Down syndrome, muscular dystrophy, sickle cell disease, etc.</i>	100%
Congenital Metabolic Disorder <i>Cystic fibrosis, Gaucher's Disease, Tay Sachs, etc.</i>	100%
Major Congenital Structural Anomaly <i>Cleft lip/palate, complex congenital heart disease, spina bifida, etc.</i>	100%
Additional Features	Percentage of Coverage Amount - Standard
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 / 0 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Transfer of Coverage	Yes



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Portability	Included
Waiver of Premium	None

## 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.

**Reliance Standard Plans**  
**Critical Illness Insurance Premium Table**  
**Plan Holder: Stanadyne Operating Company, LLC**  
**Policy Number: VCI2000056416**

**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).
- Spouse age based on employee age at your last birthday. Spouse must be under age 70 at date of application.
- 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.

Please note the following:

- 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.

**Employee and/or Spouse Semi-Monthly Premiums:**

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$10,000	\$2.20	\$2.70	\$5.00	\$9.60	\$16.90	\$30.85
\$20,000	\$4.40	\$5.40	\$10.00	\$19.20	\$33.80	\$61.70
\$30,000	\$6.60	\$8.10	\$15.00	\$28.80	\$50.70	\$92.55

**Dependent Child(ren)**

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election.

Dependent Child(ren) rates are included at no additional cost. Includes all eligible Dependent Children in family, regardless of number.

**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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