

Plan Highlights

Voluntary Group Critical Illness Insurance



Palm Beach County Firefighters Employee Benefits Fund

COVERAGE

Voluntary 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 child care.

ELIGIBILITY

All Active Full-Time bargaining unit employees of Palm Beach County Fire Rescue in pay status, all full-time non-bargaining unit employees of Palm Beach County Fire Rescue in pay status that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all full-time employees of the Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc in pay status, and all full-time employees of the Palm Beach County Firefighters Employee Benefits Fund in pay status, and all full-time employees of the Palm Beach County Firefighters Health Clinic LLC in pay status.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- „ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application.
Coverage terminates at age 75.
- „ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a dependent, and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Option of \$5,000 to a total maximum of \$30,000 in increments of \$5,000.

Spouse: Option of \$5,000 to a total maximum of \$30,000 in increments of \$5,000, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$7,500.

GUARANTEED ISSUE

Employee: \$20,000

Spouse: \$20,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Employee only coverage of \$5,000 is employer paid. Buy-up coverage & dependents is 100% employee paid.

FEATURES

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	100%
Multiple Sclerosis	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's Disease	100%
Ruptured Cerebral; Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- „ Lifetime Maximum Benefit – 1,000% of Insurance Amount
- „ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- „ Recurrence Benefit (Same Illness) – 50% of benefit if diagnosed 6 months or later
- „ FMLA / MSLA Continuation
- „ Transfer of Coverage
- „ Portability to employee age 70
- „ Wellness (Health Screening) Benefit – \$50

BENEFIT WAITING PERIOD

30 Days

PRE-EXISTING CONDITION LIMITATION

A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which an insured received treatment, consultation, care or services, including diagnostic procedures, or for which he/she took prescription drugs or medicines, during the look back period (3 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Critical Illness is diagnosed after the coverage period (12 months) from the insured's effective date of coverage (or effective date of an increase).

EXCLUSIONS

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL 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 Voluntary Plans Critical Illness Insurance Premium Table

Plan Holder: Palm Beach County Firefighters Employee Benefits Fund - VCI # 801650

Scheduled Benefit Class 01:

- Employee Core Coverage: Your Employer provides the first \$5,000 of coverage. (Only applies to the Employee premium table)
- Employee Buy Up Coverage: Each eligible employee may elect for himself an additional amount of insurance shown in the table below. (Only applies to the Employee premium table)
- Spouse Coverage: Each eligible employee may also elect for his eligible spouse an amount of insurance shown in the table below. (Only applies to the Spouse premium table)

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at your last birthday.
 - Spouse age = employee age.
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee benefit from the table below.
 - Select a spouse benefit from the separate spouse table.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee Semi-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+
\$10,000	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23
\$15,000	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45
\$20,000	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68
\$25,000	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90
\$30,000	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13

Spouse Semi-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	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23	\$2.23
\$10,000	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45	\$4.45
\$15,000	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68	\$6.68
\$20,000	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90	\$8.90
\$25,000	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13
\$30,000	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35	\$13.35

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$7,500.

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.125.

Please Note: *One rate and benefit amount for all eligible 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.

Please note, these rates are approximate and subject to change.