



RSL BasicCare®

Limited Benefit Medical Solutions

Proposal

Prepared for:



Proposal Date: May 1, 2014
Effective Date: August 1, 2014

Presented by:

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benefits solutions for over a century.

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Reliance Standard is pleased to present this proposal for a Limited Benefit Medical Program for Ripley's Entertainment . This proposal is for a planned effective date of August 1, 2014.

Limited Benefit Medical Plans are all about *access*—easy, low-hurdle access to the healthcare system otherwise unattainable for many employees. These plans, while not comprehensive like major medical plans, help defray some of the out-of-pocket costs associated with major medical plans.

Who is Eligible?

Essential Plans – for employers with 51+ full-time employees

Full-time employees working 30+ hours

All other Limited Benefit Medical Plans

Full-time & Part-time hourly employees

Seasonal employees

Temporary employees

Must be W-2 employees

Benefits

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- No deductibles
- No out-of-network penalties
- Employees can choose their own physician
- Point-of-service Prescription Drug Benefit
- Durable insurance ID cards
- COBRA-eligible
- COBRA administration
- HIPAA privacy compliant

Plan Design: *Essential Plan*

General Plan Information

Copays	\$0, unless for brand name contraceptives*
Deductible	\$0
Benefit % Payable by Plan	100% of covered expenses**
Plan Annual maximum	Unlimited
Plan Lifetime maximum	Unlimited

* \$50 co-pay for brand name contraceptive drugs

**Covered expenses are the lesser of the actual or usual & customary charges

Below are a few of the common covered preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

Covered Services for Children & Adolescents

Well child exams

Physical Exam

Vision acuity test

Developmental & behavioral assessments

Immunizations

Diphtheria, Tetanus, Pertussis

Screenings

Hearing loss

Lead screening

Depression screening

Covered Services for Adults

Annual preventive care visit

History

Physical exam

Immunization

Hepatitis A & B

Influenza (Flu)

General Health Screenings

Blood pressure

Cholesterol screening based on age and individual risk factors

Diabetes screening for adults with high blood pressure

Women Only

Prescription contraceptives

Exclusions and Limitations*

- No benefits will be paid for loss caused by or resulting from:
- injury or self-inflicted bodily harm;
- sickness or disease of any kind;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- charges in excess of usual, customary & reasonable charges;
- preventive health services not meeting the requirements of the Affordable Care Act;
- dental care, treatment or supplies, except those specifically included as covered preventive health service for a child;
- laboratory, radiology, or cardiovascular tests performed for the diagnosis or treatment of sickness, disease or injury; and
- preventive health services rendered by an immediate family member or provided by the policyholder.

* Except where mandated by law.

Monthly Cost* Summary: *Essential Plan*

Rates are guaranteed for one year.

Minimum 51 Eligible lives	
Employee Only	\$40.00
Employee Plus Spouse	\$63.00
Employee Plus One Child	\$80.00
Employee Plus Children	\$124.00
Employee Plus Family	\$144.00

Employer must contribute 100% of the Employee Only Cost
Plan available only if Employer also offers BasicAdvantage Value or Total Plans

* The monthly costs shown include amounts paid for Affordable Care Act excise taxes that are in addition to the plan's premium.

Plan Design: *BasicAdvantage Total Plans*

BENEFITS	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Inpatient Hospital Benefits				
Hospital Room & Board Benefits				
Room & Board Benefit per Day for covered conditions, except as noted below (90 Daily Benefits per Coverage Year)	\$300	\$400	\$500	\$600
Mental and Nervous Benefit per Day (25 Daily Benefits per Coverage Year)	\$100	\$100	\$100	\$100
Alcohol and Substance Abuse Benefit per Day (25 Daily Benefits per Coverage Year)	\$100	\$100	\$100	\$100
Hospital Admission Benefit for Specified Conditions				
Cancer (Malignant Neoplasm) Benefit per Day	\$2,000	\$4,000	\$4,000	\$4,000
Number of Daily Benefits per Coverage Year	1	1	1	1
Heart Attack (Myocardial infarction) Benefit per Day	\$1,500	\$3,000	\$3,000	\$3,000
OR Heart Disease ¹ Benefit per Day	\$1,000	\$1,500	\$1,500	\$1,500
Number of Daily Benefits per Coverage Year	1	1	1	1
Accidental Injury Benefit per Day	\$1,000	\$2,000	\$2,000	\$2,000
Number of Daily Benefits per Coverage Year	1	1	1	1
Stroke (Cerebrovascular Accident – CVA) Benefit per Day	\$1,000	\$1,500	\$1,500	\$1,500
Number of Daily Benefits per Coverage Year	1	1	1	1
Childbirth Benefit per Day	\$1,000	\$1,500	\$1,500	\$1,500
Number of Daily Benefits per Coverage Year	1	1	1	1
Surgery				
Maximum Daily Surgery Benefit per Procedure ¹	\$750	\$1,000	\$1,000	\$1,250
Maximum Daily Anesthesia Benefit ³	\$150	\$200	\$200	\$250
Outpatient Benefits				
Doctor Visit Benefits				
Daily Benefit for New Patient Office Visit	\$75	\$75	\$100	\$100
Number of Daily Benefits per Coverage Year	1	1	1	1
Daily Benefit for Established Patient Office Visit	\$60	\$70	\$70	\$70
Number of Daily Benefits per Coverage Year	3	3	5	5
Daily Benefit for Consultation Office Visit	\$75	\$100	\$150	\$150
Number of Daily Benefits per Coverage Year	1	1	1	1
Daily Benefit for Emergency Room Doctor Visit	\$75	\$75	\$100	\$100
Number of Daily Benefits per Coverage Year	1	1	1	1

¹The daily Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.

²Daily benefits for covered inpatient surgery are scheduled and vary based on the specific surgical procedure performed.

³Daily benefits for covered inpatient anesthesia vary and are equal to 20% of applicable inpatient surgical benefit.

Plan Design: *BasicAdvantage Total Plans (Cont.)*

	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Radiology Benefits				
Daily Benefit for Magnetic Resonance Imaging (MRI)	\$100	\$150	\$175	\$200
Number of Daily Benefits per Coverage Year	1	1	1	1
Daily Benefit for Computerized Tomography (CT) Scan	\$50	\$75	\$75	\$100
Number of Daily Benefits per Coverage Year	1	1	1	1
Daily Benefit for All Other Radiology Services	\$40	\$40	\$40	\$50
Number of Daily Benefits per Coverage Year	4	5	5	5
Pathology (Lab) Benefits				
Daily Benefit for all Pathology Services	\$40	\$40	\$40	\$50
Number of Daily Benefits per Coverage Year	4	5	5	5
Wellness Care Visit Benefits				
Annual Physical Benefit per Day	\$75	\$75	\$75	\$100
Number of Daily Benefits per Coverage Year	1	1	1	1
Mammogram Screening Benefit per Day	\$50	\$50	\$50	\$50
Number of Daily Benefits per Coverage Year	1	1	1	1
Prostate or Cervical Cancer Screening Benefit per Day	\$35	\$35	\$35	\$35
Number of Daily Benefits per Coverage Year	1	1	1	1
Emergency Room Visit Benefits				
Daily Benefit for the Treatment of an Accidental Injury	\$500	\$500	\$500	\$500
Number of Daily Benefits per Coverage Year	2	2	2	2
Daily Benefit for the Treatment of a Sickness	\$50	\$50	\$50	\$50
Number of Daily Benefits per Coverage Year	3	3	3	3
Surgery				
Maximum Daily Surgery Benefit per Procedure ⁴	\$750	\$1,000	\$1,000	\$1,250
Maximum Daily Anesthesia Benefit ⁵	\$150	\$200	\$200	\$250
Prescription Drugs Benefits				
Daily Benefit per Generic Drug Prescription (filled or refilled)	\$25	\$25	\$25	\$25
Number of Daily Benefits per Coverage Year	10	18	18	24
Daily Benefit per Brand Name Drug (filled or refilled)	Discount Only	Discount Only	\$50	\$50
Number of Daily Benefits per Coverage Year	Discount Only	Discount Only	2	5

⁴Daily benefits for covered outpatient surgery are scheduled and vary based on the specific surgical procedure performed.

⁵Daily benefits for covered outpatient anesthesia vary and are equal to 20% of applicable inpatient surgical benefit.

Plan Design: *BasicAdvantage Total Plans (Cont.)*

Non-Insurance Services								
Vision Discount Card	Included	Included	Included	Included	Included	Included	Included	Included
MultiPlan, Inc. Provider Network	Included	Included	Included	Included	Included	Included	Included	Included
24-Hour Nurse Helpline	Included	Included	Included	Included	Included	Included	Included	Included
Online Wellness	Included	Included	Included	Included	Included	Included	Included	Included
OnCall Travel Assistance	Included	Included	Included	Included	Included	Included	Included	Included
Vitamins & Nutritional Supplements Plan	Included	Included	Included	Included	Included	Included	Included	Included

Exclusions and Limitations*

No benefits will be paid for loss caused by or resulting from:

- outpatient treatment of mental or nervous conditions;
- outpatient treatment of alcoholism, or substance abuse;
- intentionally self-inflicted injuries, suicide or attempted suicide while sane or insane;
- acts of declared or undeclared war;
- the covered person's commission of a felony;
- work-related injury or sickness;
- eye examinations for glasses, any kind of eye glasses, or prescriptions for any eyeglasses;
- hearing examinations or hearing aids;
- drugs not requiring a prescription and, under Total Plans 1, 2 & 3 only, brand name prescription drugs;
- dental care, treatment or supplies except covered events rendered in connection with the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and rendered within 6 months of the accident;
- reading or interpreting the results of any diagnostic laboratory or radiology tests;
- care, treatment or supplies rendered in connection with cosmetic surgery, except covered events rendered in connection with cosmetic surgery needed for breast reconstruction following a mastectomy or an accident that happens while covered. The surgery needed for an accidental injury must be performed within 90 days of the accident;
- care, treatment or supplies rendered while outside the United States of America; and
- care, treatment or supplies rendered by an immediate family member or provided by the policyholder.

* Except where mandated by law.

Weekly Cost Summary: *BasicAdvantage Total Plans*

Rates are guaranteed for one year.

0-49 % Employer Contribution				
	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Employee Only	\$16.88	\$21.08	\$24.69	\$28.01
Employee Plus Spouse	\$35.62	\$44.48	\$52.10	\$59.10
Employee Plus One Child	\$25.32	\$31.62	\$37.04	\$42.02
Employee Plus Children	\$42.71	\$53.33	\$62.47	\$70.87
Employee Plus Family	\$56.72	\$70.83	\$82.96	\$94.11

50-100% Employer Contribution				
	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Employee Only	\$15.19	\$18.97	\$22.22	\$25.21
Employee Plus Spouse	\$32.06	\$40.03	\$46.89	\$53.19
Employee Plus One Child	\$22.79	\$28.46	\$33.33	\$37.81
Employee Plus Children	\$38.44	\$48.00	\$56.22	\$63.78
Employee Plus Family	\$51.05	\$63.75	\$74.66	\$84.70

Underwriting Requirements

The minimum participation requirement on the BasicCare Total plans is 10 enrolled employees.

There is no participation requirement on the Dental or Life/STD Benefits once minimum participation on the Total plan is met.

An Essential Plan may only be offered when accompanied by one or more Total Indemnity plans.

Non-Insurance Services

Vision – RSL BasicCare[®] Vision Discount Card^{**}

RSL BasicCare utilizes the VSP Access Plan for employee Vision Care benefits included with our fixed indemnity plans.

VSP Access Plan

When members see a VSP network doctor they receive the following Access Plan discounts:

- Eye exam: 20% discount on VSP network doctors' fees
- Eyeglasses: 20% off complete pairs of prescription glasses and lens options*
- Contact lenses: 15% off VSP network doctors' contact lens exam fees*
- Laser vision correction: discounts averaging 15% off contracted laser centers' prices for laser vision correction surgery or an additional 5% off the center's promotional price

In addition to discounts on eyewear and associated professional services, the Access Plan provides VSP members with access to VSP's unrivaled network of private practice optometrists and ophthalmologists.

**Discounts are available through the VSP network doctor who provided an eye exam within the last 12 months.*

***Not Available with Essential Plan*

Provider Network*

Why do we provide access to a Provider Network?

Benefits

- Participating provider's charges are reduced
- Reduced charges continue even if Benefit Maximum is reached
- Network provider will accept paperwork and file claim

Provider Network : MultiPlan, Inc.

- One of the three largest Provider Networks in operation
- Over 700,000 Participating Providers
- Over 1.3 million locations
- Savings are competitive with all other networks. (MultiPlan, Inc. expresses all discount information as savings off billable charges.)

***Not Available with Essential Plan**

24-hr Nurse Helpline

This benefit offers a telephone service that allows employees to ask questions and receive information about their health, illnesses and medications. Your employees have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specifically trained to offer prompt, confidential medical counseling to help your employees make informed decisions about their health and the medical care they receive. However, the nurses do not diagnose or provide treatment.

The benefits include:

- Toll-free, confidential availability to registered nurses 24 hours a day at 1-800-982-2401
- Information and guidance for dealing with common symptoms
- Explanations on what to expect during a medical test
- Help from a registered nurse who can answer questions regarding: diagnostic and surgical procedures, a recently diagnosed medical condition and prescription and over the counter medication information

Online Personal Health Improvement/Wellness Program

Whether a member wants to lose weight permanently, build muscle, have more energy, become more optimistic or just simply get more enjoyment out of life, the Online Personal Health Improvement / Wellness Program is an excellent resource. Utilizing the latest, most innovative web technology, the program takes into consideration a member's unique goals, lifestyle and personal situations; creating a customized plan including exercise, nutrition, and personal improvement.

This benefit offers an online services that allows members access to daily wellness articles and health tips, personalized workout programs for all ages and fitness levels, guidance on nutrition, weight loss and exercise, access to health risk assessment and calculators and disease prevention studies.

OnCall Travel Assistance

While your employees are traveling, the unexpected happens: they get sick or injured. What can they do? Who can they call for help?

Travel assistance services provide medical assistance services for employees of our Policyholders.

Whenever your covered employees are on a trip in a foreign country or 100 miles or more from home, they are eligible for a wide array of medical and travel assistance services.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees. Some of the services provided are:

- Emergency Evacuation
- Emergency Payment/Cash Assistance
- Emergency Translator and Interpreter
- Locating Legal Services/Bail Bond
- Medical Insurance Assistance
- Missing Baggage Assistance
- Repatriation of Remains
- Transportation for a Family Member or Friend
- Passport and Visa Information
- Emergency Message Service
- Emergency Ticket Replacement
- Hotel Convalescence Arrangements
- Locating Medical Care
- Medically Necessary Repatriation
- Prescription Drug Assistance
- Return of Dependent Children
- Vehicle Return
- Travel Locator Services
- Weather Information

- Emergency Card Replacement
- Consulate and Embassy Information
- Health Hazards Advisory and Inoculation Requirements
- Case Communications
- Currency Exchange Information

The total of all services in connection with emergency evacuation, medically necessary repatriation, transportation of a family member or friend, return of dependent children, and repatriation of remains are subject to a limit of \$100,000 per person per event.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time. We compensate On Call to underwrite the cost of the travel assistance program.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

Vitamins and Nutritional Supplements Plan

Membership in the Vitamins & Nutritional Supplements Plan is a separate benefit that your employees receive when they are enrolled in the Medical Coverage. This benefit offers discounted prices on natural vitamins, nutritional supplements, bath, personal care products, and even healthy pet products.

RSL BasicCare™ Ancillary Benefits*

Dental

Service Type I	Service Type II	Service Type III
Preventive and Diagnostic Services <ul style="list-style-type: none"> • Routine Exams • Bitewing X-Rays • Routine Cleaning • Emergency Palliative Treatment • Sealants (for children) • Fluoride Treatments (for children) • Space Maintainers (for children) 	Basic Services <ul style="list-style-type: none"> • Fillings • Crown and Bridge Repair • Endodontics (root canal and pulpal therapy) • Denture Repair • Oral Surgery 	Major Services <ul style="list-style-type: none"> • Periodontics (treatment of gums) • Crowns and Bridges • Dentures
Plan Benefit 80% of Usual and Customary Charges	Plan Benefit 60% of Usual and Customary Charges	Plan Benefit 50% of Usual and Customary Charges
Waiting Period None	Waiting Period 3 Months	Waiting Period 12 Months

Weekly Rates: Employee Only: \$4.45 / Employee and Family: \$12.75
 \$50 Coverage Year Deductible per Person for all services combined
 \$1,000 Coverage Year Benefit Maximum per Person for all services combined

Summary of Exclusions and Limitations under the Dental Plan

- Procedures begun or appliances installed before coverage begins;
- Elective or cosmetic treatment;
- Correction of congenital malformations;
- Replacement of lost or stolen appliances;
- Initial placement of prosthesis or fixed bridge;
- Replacement of serviceable bridge;
- Replacement of serviceable dentures less than 5 years old;
- Replacement of crowns, inlays and onlays unless more than 7 years old and cannot be made serviceable;
- Procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting or bite analysis;
- Services anyway related to TMJ or myofascial pain;
- Orthognathic surgery;
- Prescribed drugs, analgesics or anesthetics;
- Instruction for diet, plaque control and oral hygiene;
- Acts of war (declared or undeclared);
- Charges for implants or their removal and other customized services or attachments;
- Cast restorations and crowns for healthy teeth that can be restored by other means.
- Treatment of malignancies, cysts and neoplasms;
- Orthodontic treatment;
- Charges for forms or missed appointments
- Treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- Services by an immediate family member
- Charges in excess of usual and customary fee levels based on the 90th percentile of the FAIR Health, Inc. MDR tables;
- Expenses covered under a group medical expense plan;
- Expenses payable under Workers' Compensation or other coverage required by law
- Expenses which the covered person is not legally obligated to pay; and
- Any procedure begun after coverage ends or any prosthetic dental appliance finally installed more than 30 days after coverage ends.

Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame.

The plan will pay only for the procedures specified. Usual and customary limitations are based on the 90th percentile of the Medicode MDR tables.

*Dental Benefit Not Available with Essential Plan

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Term Life and Short-Term Disability (STD)*

Term Life

- \$10,000 employee Life benefit
- \$10,000 matching Accidental Death benefit
- \$2,500 Life only for enrolled dependents (\$500 up to 6 months old)
- Benefits reduce 50% at age 70 for employee
- Spouse coverage ends at age 70

Short-Term Disability (Employee Only)

- Up to 26 weeks' coverage if disabled
- 50% of based pay to \$125 per week
- 14-day elimination period for benefits (from first day of hospitalization)
- Benefits reduce 50% at age 70

Weekly Rates Employee Only: \$4.25 / \$0.75* Employee and Family: \$4.45 / \$0.95*

**Where STD is not available because of statutory coverage*

Summary of Exclusions and Limitations under the Term Life (with Accidental Death) and Short-Term Disability Plans

- Suicide or attempted suicide or any intentionally self-inflicted injuries, while sane or insane;
- Acts of war (declared or undeclared);
- Covered person's commission or attempted commission of a felony;
- Covered person operating, riding in, or descending from any aircraft, other than while a fare-paying passenger on a licensed, commercial, non-military aircraft;
- Voluntarily taking poison, gas, drugs or chemicals not prescribed by a physician;
- Release of nuclear energy;
- Participation in a riot or an illegal occupation;
- Short-Term Disability benefits are not paid for an injury or sickness related to the covered person's work; and;
- Accidental Death benefits are not paid for death resulting from sickness of any kind.

The Short-Term Disability plan is not available to persons who work in the states of California, Hawaii, New Jersey, New York, Rhode Island, or in Puerto Rico, where the employer is required to provide statutory coverage.

*Not Available with Essential Plan

Eligibility and Billing

Easy to explain, simple to implement, RSL provides the Policyholder with an Implementation manual for whichever process is chosen. A full understanding of RSL's eligibility and billing processes is essential to a smooth installation.

The billing method determines how eligibility is updated and how premium is billed.

Monthly Electronic Invoicing (MEI)

- Easy to process
- Employer retains liability for premium payment
- Entire monthly premium for all covered employees due in advance
- Premium and eligibility are on a first of any month basis (no adds or deletes during month)
- Coverage extends to month-end regardless of employment termination date — employer deducts remaining unfunded premium from final pay
- No debit/credit activity necessary

Explanation of the Monthly Electronic Invoicing (MEI) Process

Monthly Electronic Invoicing (MEI) is an attractive alternative to traditional monthly list billing. It differs from the traditional list billing process in one important aspect: premium is paid for the entire month for each insured, and coverage remains in effect for that month regardless of change in employment status during the month for which premium is paid. Therefore, the employer is responsible for the entire month's premium.

However, because coverage remains in effect until the end of the month, the employer is permitted to withhold any uncollected premium for that month from the final paycheck. This reduces, and most often eliminates, premium liability issues while allowing for less bookkeeping paperwork and faster coverage implementation at both the client and individual levels.

1. The MEI process is available to employers of any size, but it is the only billing option available to groups with fewer than 1,000 eligible lives (unless the employer is already paying premium using some form of electronic payroll exchange).
2. All policy effective dates are the 1st of the month.
3. Initial Enrollment – Paper
 - Standard enrollment forms and brochures can be downloaded from our dedicated website. If there is an employer subsidy, or a premium mode other than weekly, or if a non-standard plan is being offered, enrollment forms must be prepared by Account Management. Completed policy application (Request for Group Information or “RGI”) and enrollment forms must be received by the 10th of the month prior to the requested Effective Date.
 - During initial enrollment, only applications received on original forms will be accepted. No applications received via fax, email or other formats will be included on the initial invoice.
 - Initial enrollment applications received via inappropriate formats or after the 10th of the month cannot be included on the Initial Invoice and coverage will not be in effect for that month, for those individuals.
4. Initial Enrollment – Telephone
 - RGI must be received 45 days prior to requested Effective Date. Once RGI is received, a Telephone Enrollment Worksheet will be created and distributed to all eligible employees. Our Call Center will establish a new client record to receive enrollment calls (live operators). Initial open enrollment closes on the 15th of the month prior to the requested Effective Date.
5. Following initial enrollment, RSL will prepare the Initial Invoice. This invoice will list all of the initial approved applicants and the premium due for each.
6. The initial premium invoice will be emailed to the employer on the 23rd of the month preceding the effective date of the policy.
7. Subsequent monthly activity will follow a similar process except:
 - applications for new enrollees, changes to existing insured information, or terminations may be faxed, emailed or submitted electronically using RSL's secure website.
 - such changes will be accepted up to the end of the day on the 22nd of the month.
8. The invoice is to be paid as rendered. (Exception: payment for employees terminated in the prior month who still appear on the invoice may be waived by a process which is set forth on the invoice.)
9. Failure to pay the Invoice when due may result in claims being pended until premium is received. Premium unpaid by the 30th of the month may result in termination of the policy.

10. The MEI process is not available on an arrears basis.
11. Eligibility for COBRA coverage for terminated employees will begin on the 1st day of the month following coverage termination.
12. Retroactive refunds are not permitted.

About RSL

Reliance Standard Life Insurance Company was incorporated in 1907 as Central Life Insurance of Illinois. Reliance Standard is domiciled in Illinois, and maintains its administrative offices in Philadelphia. Reliance Standard is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Our Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Reliance Standard has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with easy-to-use online billing and enrollment support, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

A Strong, Diversified Company

As a premier insurance carrier, Reliance Standard consistently earns strong financial ratings:

- A.M. Best "A+" (Superior), upgraded August 2013
- Standard & Poor's "A+" (Strong), upgraded July 2013

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group. The Tokio Marine Group operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and leading property and casualty insurer in Japan.

Comprehensive Benefits and Services

In business for over 100 years, Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, dental insurance, critical illness and accident insurance. Reliance Standard offers a complete suite of voluntary (employee paid) coverage options and services, as well as fully integrated absence management services. Our products and services are marketed through independent brokers and agents to employers of all sizes.