

Exclusions and Limitations

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

- Mental or nervous disorders;
- Alcoholism, or substance abuse;
- Intentionally self-inflicted injuries, suicide, or any attempt thereof while sane or insane;
- Acts of declared or undeclared war;
- The covered person's commission of a felony;
- Work-related injury or sickness;
- Treatment in a government facility or other facility not unconditionally requiring payment;
- Eye examinations for glasses, any kind of eye glasses, or prescriptions therefore;
- Hearing examinations or hearing aids;
- Drugs not requiring a prescription;
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury resulting from an accident that happens while covered, and rendered within 6 months of the accident;
- Inpatient doctors' visits and inpatient private-duty nursing charges;
- Expenses used towards co-pays, or in excess of benefit limits or maximums, or negotiated or usual & customary charges;
- Cosmetic surgery, except services 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 accident must be performed within 90 days of the accident; and
- Services provided by a member of a covered person's immediate family or services provided by the policyholder.

About Reliance Standard:

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, a suite of voluntary (employee paid) coverage options and fully integrated absence management. Reliance Standard markets these solutions through independent brokers and agents to employers of all sizes. Rated A (Excellent) by A.M. Best*, Reliance Standard began its centennial year in 2006.

Reliance Standard Life Insurance Company provides insurance products and services 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, N.Y. Product availability and features may vary by state. It distributes its products through independent agents and brokers.

Reliance Standard Life Insurance Company is a wholly-owned subsidiary of Delphi Financial Group, Inc. (NYSE:DFG). Delphi is an integrated employee benefit services company. Delphi is a leader in managing all aspects of employee absence to enhance the productivity of its clients and provides the related insurance coverages: group life, long-term and short-term disability, excess workers' compensation for self-insured employers, travel accident and dental. Delphi's asset accumulation business emphasizes individual fixed annuity products. Delphi's common stock is listed on the New York Stock Exchange under the symbol DFG and its corporate website is www.delphifin.com.

*Source: A.M. Best, 12/2005



RELIANCE STANDARD

RS-???? (2/06)

For more information, Call: [Wise Benefits.com](http://WiseBenefits.com) at 1-800-825-7605

RSL BasicCare™ Medical

BasicMed Plans

BENEFIT	Plan 2	Plan 3	Plan 4
Inpatient Benefits – Treatment for Sickness			
Maximum Benefit per coverage year	\$5,000	\$7,500	\$10,000
Subject to these benefit limits:			
Room & Board per day	\$200	\$400	\$500
Surgeons' Fees per coverage year	\$1,000	\$1,000	\$1,500
Anesthesiologists' Fees per coverage year	\$200	\$200	\$300
Benefit % paid by plan	70%	70%	70%
Inpatient Benefits – Treatment for Accident			
Maximum Benefit per coverage year	\$5,000	\$5,000	\$7,500
Benefit % paid by plan	70%	70%	70%
Outpatient Benefits			
Maximum Benefit per coverage year	\$500	\$750	\$1,000
Benefit % paid by plan (except for Doctor Office Visits)	70%	70%	70%
Doctor Office Visits Co-pay per visit	\$20	\$20	\$20
Benefit % paid by plan for Doctor Office Visits	100%	100%	100%
Emergency Room Benefits			
Treatment for Sickness – Maximum Benefit per visit (limited to three visits per coverage year)	\$50	\$50	\$50
Treatment for Accident – Maximum Benefit per visit (limited to two visits per coverage year)	\$250	\$250	\$250
Benefit % paid by plan	100%	100%	100%
Wellness Care Visits Benefits			
Maximum Benefit per coverage year	\$100	\$100	\$100
Co-pay per visit	\$20	\$20	\$20
Benefit % paid by plan	100%	100%	100%
Prescription Drug Card Benefits			
Generic Drug Maximum Benefit per coverage year	\$500	\$750	\$500
Generic Drug Co-pay per prescription	\$5	\$5	\$5
Generic Drug Benefit % paid by plan	100%	100%	100%
Brand Name Drug Maximum Benefit per coverage year	N/A (discount only)	N/A (discount only)	\$200
Brand Name Drug Co-pay per prescription	N/A (discount only)	N/A (discount only)	\$40
Brand Name Drug Benefit % paid by plan	N/A (discount only)	N/A (discount only)	100%
Weekly Rates:			
Employee Only	\$12.94	\$16.52	\$20.98
Employee Plus Spouse	\$27.30	\$34.86	\$44.27
Employee Plus One Child	\$19.41	\$24.78	\$31.47
Employee Plus Children	\$32.74	\$41.80	\$53.08
Employee Plus Family	\$43.48	\$55.51	\$70.49

- 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 PPO 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.)

RSL BasicCare™ Medical

BasicMed Plans

BENEFIT	Plan 5	Plan 6	Plan 7	Plan 8
Inpatient Benefits – Treatment for Sickness				
Maximum Benefit per coverage year	\$12,500	\$15,000	\$20,000	\$25,000
Subject to these benefit limits:				
Room & Board per day	\$750	\$1,000	\$1,200	\$1,500
Surgeons' Fees per coverage year	\$2,000	\$2,000	\$2,500	\$3,000
Anesthesiologists' Fees per coverage year	\$400	\$400	\$500	\$600
Benefit % paid by plan	70%	70%	70%	70%
Inpatient Benefits – Treatment for Accident				
Maximum Benefit per coverage year	\$7,500	\$10,000	\$12,500	\$15,000
Benefit % paid by plan	70%	70%	70%	70%
Outpatient Benefits				
Maximum Benefit per coverage year	\$1,500	\$1,500	\$2,000	\$2,500
Benefit % paid by plan (except for Doctor Office Visits)	70%	70%	70%	70%
Doctor Office Visits Co-pay per visit	\$20	\$20	\$20	\$20
Benefit % paid by plan for Doctor Office Visits	100%	100%	100%	100%
Emergency Room Benefits				
Treatment for Sickness – Maximum Benefit per visit (limited to three visits per coverage year)	\$50	\$50	\$50	\$50
Treatment for Accident – Maximum Benefit per visit (limited to two visits per coverage year)	\$250	\$250	\$250	\$250
Benefit % paid by plan	100%	100%	100%	100%
Wellness Care Visits Benefits				
Maximum Benefit per coverage year	\$100	\$100	\$100	\$100
Co-pay per visit	\$20	\$20	\$20	\$20
Benefit % paid by plan	100%	100%	100%	100%
Prescription Drug Card Benefits				
Generic Drug Maximum Benefit per coverage year	\$750	\$1,000	\$1,500	\$2,000
Generic Drug Co-pay per prescription	\$10	\$10	\$15	\$15
Generic Drug Benefit % paid by plan	100%	100%	100%	100%
Brand Name Drug Maximum Benefit per coverage year	\$250	\$300	\$450	\$500
Brand Name Drug Co-pay per prescription	\$40	\$40	\$40	\$40
Brand Name Drug Benefit % paid by plan	100%	100%	100%	100%
Weekly Rates:				
Employee Only	\$25.98	\$27.85	\$32.03	\$36.12
Employee Plus Spouse	\$54.82	\$58.76	\$67.58	\$76.21
Employee Plus One Child	\$38.97	\$41.78	\$48.05	\$54.18
Employee Plus Children	\$65.73	\$70.46	\$81.04	\$91.38
Employee Plus Family	\$87.29	\$93.58	\$107.62	\$121.36

For more information: Call Wise Benefits.com at 1-800-825-7605
Or Email: info@WiseBenefits.com