

To: Insured Members of a Reliance Standard Life Insurance Company BasicAdvantage Program

From: Reliance Standard Life Insurance Company

RE: Changes to Your Summary Plan Description

Thank you for choosing to enroll in a Reliance Standard Life Insurance Company BasicAdvantage Program! Your enrollment in the BasicAdvantage Plan provides you access to several non-insurance programs. An explanation of the non-insurance benefits is found in the Summary Plan Description issued to you.

You are receiving this notice to advise you of changes to the Non-Insurance Benefits and Essential Coverage portions of the Summary Plan Description. These changes are effective as of the date indicated on Page 2 of the Summary Plan Description.

The Non-Insurance Benefits section has been modified by removing the 24-Hour Nurse Helpline, Online Wellness Improvement and the Vitamins & Nutritional Supplements Plans as those programs are no longer available. They are being replaced with the Broadreach Medical Resources Telemedicine and Teletherapy plan.

In addition, the Essential Coverage section has been modified to include additional preventive services for Adults, Women and Children.

The replacement sections may be found on the next pages of this notice and amends the Summary Plan Description.

Please call RSL Specialty Products Administration at 1-866-375-0775 if you have any questions. Representatives are available Monday through Friday, 8:30 AM to 5:30 PM Eastern Time.

Este folleto contiene un resumen en inglés de su Programa de Beneficios de Grupo. Si usted tiene dificultad en entender cualquier parte de esta folleto, llame al número gratuito 1-866-375-0775. Nuestros representantes de consulta están disponibles de 8:30 a.m. a 5:30 p.m., lunes a viernes (hora del Este).

Please keep this notice with your Summary Plan Description.

The supplier of this non-insurance benefit is not affiliated with the carrier. The carrier is not responsible for the content of this non-insurance benefit description and cannot be held liable for any services provided or not provided by this supplier.

What does membership in the Broadreach Medical Resources (BMR) Telemedicine and Teletherapy plan give me?

Membership in the BMR Telehealth and Teletherapy plan is a separate benefit that you receive when you are enrolled in the BasicAdvantage Total Coverage. This benefit offers you the ability to talk or video chat with a doctor or licensed therapist and counsellor from the comfort and privacy of your own home or office. The service is not insurance and no referrals or approvals are ever needed to access plan benefits.

The benefits include:

- 24/7/365 Toll-free, confidential availability to talk or video chat access with licensed healthcare providers;
- On-line scheduling of 50-minute behavioral health sessions with licensed therapists, social workers and counselors;
- Medical diagnosis and personalized treatment for common illnesses and injuries;
- Lab test results reviewed;
- Medically necessary e-prescriptions (where permitted) delivered to a pharmacy of your choice;

To use this benefit, you may:

- Call toll-free 1-833-936-9633;
- Visit and login to RSL.YourBMRBenefits.com and enter the Group Validation Code (GVC): RSL2020;
- Use the free Apple iOS app which may be downloaded from the app store or use your camera to scan the QR Code and enter the Group Validation Code (GVC): RSL2020; or



- If you are using an Android device, go to the Google Play store and search 'Broadreach Medical Resources' or use your camera to scan the QR Code and enter the Group Validation Code (GVC): RSL2020.



If you need assistance with enrollment, validation or have general App and web usage questions related to the BMR Telemedicine and Teletherapy plan, please call 866-718-2375 or email care@bmr-inc.com.

What do Telemedicine and Teletherapy services cost?

Telehealth services are available after a \$30 per-consultation fee has been paid. Teletherapy services are available after a \$69 per-consultation fee has been paid. Credit card payment is required in order to access these benefits.

ESSENTIAL COVERAGE

What is the Essential Coverage?

The Coverage pays 100% of the charges a covered person incurs for covered preventive health services. There is a \$50 co-pay per prescription for brand name contraceptive prescription drugs. There are no other co-pays, deductibles or maximums.

What does "covered preventive health services" mean?

Covered preventive health services are services that meet the requirements of the Affordable Care Act as determined by the federal government.

What does "co-pay" mean?

A co-pay is the specified amount that you are responsible for paying each time you incur charges for covered brand name contraceptive prescription drugs, before the Coverage begins to pay benefits.

What does "usual and customary" mean?

Usual and customary is a guideline that the carrier uses to determine how much of a charge the Coverage will consider. A "usual" charge is the charge made for a given service by a provider to the majority of its patients. A "customary" charge is one that is charged by the majority of providers within a community for the same services.

How do I file a claim to be reimbursed for payment of a covered expense?

Your provider will most likely want to file a claim for you using his or her own form; however, there are some instances when you may have to pay for services or supplies and submit a claim for reimbursement. For example, your doctor may place you on an aspirin regimen to prevent heart disease, but you must pay for the aspirin when you purchase it. In order to be reimbursed for that purchase, you may submit a claim for reimbursement.

You may request a claim form from your Employer, or you may call the RSL Specialty Products Administration at 1-866-375-0775. You can then fill out the claim form, include a copy of the receipt showing the name of the drug and the date the prescription was filled and mail it to: RSL Specialty Products Administration, Claims Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057. Claims must be submitted within one year of the date of the loss. For Claims Customer Service call 1-866-375-0775, Monday through Friday, 8:30 a.m. to 5:30 p.m., ET.

Can I use any pharmacy to get covered preventive prescription drugs?

Yes, but you can use the Prescription Drug ID Card received with the Coverage to help save money at a pharmacy that participates in the Express Scripts, Inc. network.

How does the Prescription Drug ID Card work?

Most pharmacies participate in the Express Scripts, Inc. network, but you should check with the pharmacy before you make your purchase or call Express Scripts, Inc. at 1-866-282-1491 for providers in your area. You will not have to file a claim on purchases you make for your own covered preventive prescriptions at participating pharmacies. The pharmacist will tell you exactly what to pay. If you have covered any of your dependents (spouse or child) under the Essential Coverage, you will have to pay the full, undiscounted price for their covered preventive prescription and submit a claim for reimbursement.

What if I use a non-participating pharmacy?

You must pay the full price up front for your covered preventive drug prescription. Then you must call Express Scripts, Inc. at 1-866-282-1491 and request a claim form. File the claim with Express Scripts, Inc. Do not file your prescription drug claims with RSL Specialty Products Administration. If your purchase at a non-participating pharmacy is for your covered dependent, follow the below instructions.

How do I file a claim to be reimbursed for payment of my covered dependent's covered preventive drug prescription?

You may request a claim form from your Employer, or you may call the RSL Specialty Products Administration at 1-866-375-0775. You can then fill out the claim form, include a copy of the receipt showing the name of the drug and the date the prescription was filled and mail it to: RSL Specialty Products Administration, Claims Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057. Claims must be submitted within one year of the date of the loss. For Claims Customer Service call 1-866-375-0775, Monday through Friday, 8:30 a.m. to 5:30 p.m., ET.

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 the lesser of actual or usual and customary charges;
- preventive health services not meeting the requirements of the Affordable Care Act;
- dental care, treatment or supplies, except those specifically included as a 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 your employer.

COVERED PREVENTIVE HEALTH SERVICES

Listed below are most of the covered preventive health services. A service that is not listed may also be covered as long as it is a covered preventive health service.

Note: Many preventive health services have specific restrictions and/or limitations affecting the circumstances under which coverage will be provided.

For Adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked;
- Alcohol Misuse screening and counseling;
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk;
- Blood Pressure screening for all adults;
- Cholesterol screening for adults of certain ages or at higher risk;
- Colorectal Cancer screening for adults over 50;
- Depression screening for adults;
- Diabetes (Type 2) screening for adults with high blood pressure;
- Diet counseling for adults at higher risk for chronic disease;
- HIV screening for everyone ages 15 to 65, and other ages at increased risk;
- HIV preexposure prophylaxis (PrEP) medication for people at increased risk of HIV acquisition;
- Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis

- Varicella
- Obesity screening and counseling for all adults;
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk;
- Statin preventive medication for adults 40 to 75 at high risk;
- Syphilis screening for all adults at higher risk;
- Tobacco Use screening for all adults and cessation interventions for tobacco users.

For Women

- Anemia screening on a routine basis for pregnant women;
- Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer;
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40;
- Breast Cancer Chemoprevention counseling for women at higher risk;
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women;
- Cervical Cancer screening;
- Pap test (also called a Pap smear) every 3 years for women 21 to 65;
- Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years;
- Chlamydia Infection screening for younger women and other women at higher risk;
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs);
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before;
- Domestic and interpersonal violence screening and counseling for all women;
- Folic Acid supplements for women who may become pregnant;
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes;
- Gonorrhea screening for all women at higher risk;
- Hepatitis B screening for pregnant women at their first prenatal visit;
- HIV screening and counseling for sexually active women;
- HIV preexposure prophylaxis (PrEP) medication for people at increased risk of HIV acquisition;
- Osteoporosis screening for women over age 60 depending on risk factors;
- Preeclampsia prevention and screening for pregnant women with high blood pressure;
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk;
- Sexually Transmitted Infections counseling for sexually active women;
- Syphilis screening for all pregnant women or other women at increased risk;
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users;
- Urinary tract or other infection screening for pregnant women;
- Urinary incontinence screening for women yearly;
- Well-woman visits to get recommended services for women under 65.

For Children

- Alcohol, tobacco, and drug use assessments for adolescents;
- Autism screening for children at 18 and 24 months;
- Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Bilirubin concentration screening for newborns;
- Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Blood screening for newborns;
- Cervical Dysplasia screening for sexually active females;
- Depression screening for adolescents;
- Developmental screening for children under age 3;
- Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Fluoride Chemoprevention supplements for children without fluoride in their water source;
- Fluoride varnish for all infants and children as soon as teeth are present;
- Gonorrhea preventive medication for the eyes of all newborns;
- Hearing screening for all newborns;
- Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Hematocrit or Hemoglobin screening for children;
- Hemoglobinopathies or sickle cell screening for newborns;
- HIV screening for adolescents at higher risk;
- HIV preexposure prophylaxis (PrEP) medication for people at increased risk of HIV acquisition;
- Hypothyroidism screening for newborns;
- Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella (Chickenpox);
- Iron supplements for children ages 6 to 12 months at risk for anemia;
- Lead screening for children at risk of exposure;
- Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Obesity screening and counseling;
- Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years;
- Phenylketonuria (PKU) screening for this genetic disorder in newborns;
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk;
- Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years;
- Vision screening for all children.