

# RELIASTAR LIFE INSURANCE COMPANY

Home Office, Minneapolis, Minnesota 55440

## EXCESS RISK SCHEDULE

The following is a revised Excess Risk Schedule for Your Excess Risk Insurance. This Excess Risk Schedule is in effect for the period January 1, 2020 through December 31, 2020, and replaces any other Excess Risk Schedule(s) previously issued to You by Us.

Your Name: San Joaquin Valley Insurance Authority  
Associated Accounts: County of Tulare, County of Fresno  
Your Group No: 70542-0  
Contract Period: From January 1, 2020 through December 31, 2020  
Claim Administrator Name: Anthem Blue Cross, EmpiRX,

**In the event of a conflict between the terms, conditions and limitations of this Excess Risk Schedule and the Excess Risk Policy, this Excess Risk Schedule will control.**

### INDIVIDUAL EXCESS RISK YES NO

#### BENEFITS TO BE COVERED:

Medical  Other (please specify) Prescription Drugs

#### COVERAGE PERIOD:

Incurred and Paid in 12 months  Incurred in 12 months and Paid in 15 months  
 Incurred in 15 months and Paid in 12 months  Incurred in \_\_\_\_\_ months and Paid in \_\_\_\_\_ months  
 Paid in 12 months  Other Incurred in 12 months 01/01/2020 to 12/31/2020  
Paid in 18 months 01/01/2020 to 06/30/2021

Individual Excess Risk Deductible: \$ 450,000 per Individual

Individuals subject to the Individual Adjusted Deductible as identified in the disclosure process: N/A

Claims for individuals subject to the Individual Adjusted Deductible that exceed the Individual Excess Risk Deductible amount are excluded under any Aggregate Excess Risk Insurance.

Benefit Percentage: 100%

#### MAXIMUM INDIVIDUAL BENEFIT:

Individual Excess Risk Lifetime Maximum: \$ Unlimited

Individual Excess Risk Annual Maximum: \$ Unlimited

Other: N/A

#### COVERAGE DESCRIPTION:

	Number	Monthly Premium Rate
1. <input type="checkbox"/> Composite (Total Number of Covered Persons)		
2. <input checked="" type="checkbox"/> Single (Covered Persons, no Dependents)	4,792	\$ 16.06
Family (Covered Persons, with Dependents)	2,087	\$ 39.03
3. <input type="checkbox"/> Other:		

#### OPTIONAL ENDORSEMENTS:

Individual Terminal Liability  3 months  6 months  
 Individual Advanced Funding  
 Aggregating Individual Deductible \$ N/A (Individual Excess Risk must be elected)  
 Individual Gapless Renewal (Only available for 12/15 or 12/18)  
 Plan Mirroring Coordination  
 Renewal Rate Cap

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## EXCESS RISK SCHEDULE

Are retirees covered?  Yes  No  
Are retirees age 65 and over covered?  Yes  No

Minimum Enrollment Required for Renewal of Coverage: 100 enrolled Covered Persons Covered for Medical.

Covered Persons are defined in the Employee Benefit Plan with the exception of: N/A

Exclusions and Limitations defined in this policy will apply with the exception of: N/A

Other: N/A

Actively at Work Requirement: N/A

Premium Due Date: The first day of each policy month.

Approved for Us:

Date: December 15, 2019

By:



Group Name: San Joaquin Valley Insurance Authority  
Group Number: 70542-0