

Plan Highlights

Group Critical Illness

Newport Fab LLC dba Tower Semiconductor Newport Beach

COVERAGE

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 childcare.

ELIGIBILITY

All eligible Employees and their dependents as defined by *Newport Fab LLC dba Tower Semiconductor Newport Beach* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of \$15,000 to a maximum of \$30,000 in \$15,000 increments.
Spouse	Choose from a minimum of \$15,000 to a maximum of \$30,000 in \$5,000 increments, not to exceed 100% of approved employee amount.
Child	100% of employee coverage

BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Wellness Benefits – Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings.
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)

GUARANTEED ISSUE

The maximum amount of coverage you and your spouse, if applicable, can elect without providing evidence of insurability.

Employee	\$30,000
Spouse	\$30,000
Child	All Child amounts are guaranteed issue



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BENEFIT PROVISIONS

Recurrence

We may pay a reduced benefit as shown on the Certificate of Insurance for a Critical Illness that is the same Critical Illness previously diagnosed and for which a benefit was paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

Subsequent Occurrence

We may pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

PREMIUM TABLE

Refer to the attached Premium Table

Included Benefits: Cancer Conditions	Percentage of Coverage Amount - Standard
Breast Cancer in Situ	25%
Carcinoma in Situ	25%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	Percentage of Coverage Amount - Standard
Alzheimer's	100%
Benign Brain Tumor	100%
Coma	100%
Mental Illness (<i>hospitalized 15 days</i>)	50%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Severe Brain Damage	100%
Stroke	100%
Transient Ischemic Attack (TIA)	25%
Included Benefits: Heart Conditions	Percentage of Coverage Amount - Standard
Heart Attack	100%
Coronary Disease	25%
Coronary Artery Disease	50%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Sudden Cardiac Arrest	100%
Included Benefits: Infectious Conditions	Percentage of Coverage Amount - Standard
COVID Infection (<i>hospitalized 5 days</i>)	25%
Infectious Disease (<i>hospitalized 5 days</i>)	25%
Sepsis Infection (<i>hospitalized 5 days</i>)	50%
Included Benefits: Other Conditions	Percentage of Coverage Amount - Standard
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Kidney Failure	100%
Major Organ Failure (<i>includes bone marrow</i>)	100%
Paralysis	100%
Severe Burns (<i>covering 30% of body</i>)	100%
Included Benefits: Childhood Conditions	Percentage of Coverage Amount - Standard
Autism Spectrum Disorder	
DSM-V Severity Level 1	25%
DSM-V Severity Level 2	50%
DSM-V Severity Level 3	100%
Chronic Medical Condition Commonly Diagnosed in Childhood <i>Asthma, cerebral palsy, epilepsy, etc.</i>	100%
Congenital Chromosomal Abnormality <i>Down syndrome, muscular dystrophy, sickle cell disease, etc.</i>	100%
Congenital Metabolic Disorder <i>Cystic fibrosis, Gaucher's Disease, Tay Sachs, etc.</i>	100%



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Developmental Delay	100%
Major Congenital Structural Anomaly <i>Cleft lip/palate, complex congenital heart disease, spina bifida, etc.</i>	100%
Additional Features	Percentage of Coverage Amount - Standard
Wellness (Health Screening) Benefit	\$50.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit	100% of Benefit / 6 months
Subsequent Occurrence	100% of Benefit / 0 months
Benefit Waiting Period	None
Pre-Existing Limitation	None
Transfer of Coverage	Yes
Portability	Included
Waiver of Premium	None
Minimum Participation	Greater of 10% or 10 Insured Lives

EXCLUSIONS AND LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

NON-INSURANCE SERVICES

- Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company 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 Plans Critical Illness Insurance Premium Table

Plan Holder: Newport Fab LLC dba Tower Semiconductor Newport Beach

Policy Number: VCI2000044284

SCHEDULED BENEFIT

Each eligible employee may elect coverage for his/her self and eligible dependents, an amount of insurance shown in the table below.

PREMIUMS

To find your and your spouse's premium:

- Determine your age band (your age as of your last birthday).
- Select a benefit amount from the Benefit Amount column from the table below for you and your spouse. The rates for insurance you have elected will be found in the corresponding Age range column also below.

Employee 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+
\$15,000	\$6.30	\$8.55	\$10.95	\$15.45	\$22.95	\$35.10	\$48.30	\$70.20	\$94.80	\$129.00	\$129.00	\$129.00	\$129.00
\$30,000	\$12.60	\$17.10	\$21.90	\$30.90	\$45.90	\$70.20	\$96.60	\$140.40	\$189.60	\$258.00	\$258.00	\$258.00	\$258.00

Spouse 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+
\$15,000	\$6.30	\$8.55	\$10.95	\$15.45	\$22.95	\$35.10	\$48.30	\$70.20	\$94.80	\$129.00	\$129.00	\$129.00	\$129.00
\$20,000	\$8.40	\$11.40	\$14.60	\$20.60	\$30.60	\$46.80	\$64.40	\$93.60	\$126.40	\$172.00	\$172.00	\$172.00	\$172.00
\$25,000	\$10.50	\$14.25	\$18.25	\$25.75	\$38.25	\$58.50	\$80.50	\$117.00	\$158.00	\$215.00	\$215.00	\$215.00	\$215.00
\$30,000	\$12.60	\$17.10	\$21.90	\$30.90	\$45.90	\$70.20	\$96.60	\$140.40	\$189.60	\$258.00	\$258.00	\$258.00	\$258.00

Child rate included in the employee premium

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, if applicable.

Please Note: *These rates are approximate and subject to change.*



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