

## Critical Illness Insurance

# Help minimize the financial stress that may follow the diagnosis of a serious illness



### What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

### What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack\*
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant\*\*
- Coronary artery bypass
- Carcinoma in situ (50%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Severe burns
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow and stem cell transplant (50%)
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%\*\*\*)
- Occupational HIV
- Occupational Hepatitis B or C

### Covered conditions for your insured children:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease - Type II or III, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Type IV Glycogen Storage Disease

\* A sudden cardiac arrest is not in itself considered a heart attack.

\*\* Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

\*\*\* Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.



### Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, 100% of your benefit amount per child, per policy calendar year

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

### Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

## Who can be covered?

You have the option to enroll in supplemental coverage in the amount(s) below.

<b>You</b>	Choice of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 or \$30,000
<b>Your spouse*</b>	Choice of \$5,000, \$10,000 or \$15,000 not to exceed 100% of employee benefit
<b>Your children*</b>	Choice of \$1,000, \$2,500, \$5,000 or \$10,000 not to exceed 100% of employee benefit

\* Coverage is available only if employee coverage is elected.

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

\*\* Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

## How many times can I receive this benefit?

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (A definition of "different diagnosis" is provided in the certificate of coverage).

There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

For skin cancer, the benefit is payable up to 1 times per calendar year with a total benefit amount of 10 times the benefit amount you're enrolled in. Once the maximum for skin cancer has been reached, no further benefits are payable.

## How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. If your rates are "attained age" that means that the rates will go up based on your age each policy year.

Employee Coverage Monthly Rates Includes Wellness Benefit Rider							Spouse Coverage* Monthly Rates Includes Wellness Benefit Rider			
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	Attained Age	\$5,000	\$10,000	\$15,000
Under 25	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	Under 25	\$2.60	\$5.20	\$7.80
25-29	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	25-29	\$2.60	\$5.20	\$7.80
30-34	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	30-34	\$2.95	\$5.90	\$8.85
35-39	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	35-39	\$2.95	\$5.90	\$8.85
40-44	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	40-44	\$5.65	\$11.30	\$16.95
45-49	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	45-49	\$5.65	\$11.30	\$16.95
50-54	\$12.25	\$24.50	\$36.75	\$49.00	\$61.25	\$73.50	50-54	\$10.75	\$21.50	\$32.25
55-59	\$12.25	\$24.50	\$36.75	\$49.00	\$61.25	\$73.50	55-59	\$10.75	\$21.50	\$32.25
60-64	\$30.75	\$61.50	\$92.25	\$123.00	\$153.75	\$184.50	60-64	\$15.40	\$30.80	\$46.20
65-69	\$33.25	\$66.50	\$99.75	\$133.00	\$166.25	\$199.50	65-69	\$23.40	\$46.80	\$70.20
70+	\$42.90	\$85.80	\$128.70	\$171.60	\$214.50	\$257.40	70+	\$35.30	\$70.60	\$105.90

Children Coverage** Monthly Rates Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$1,000	\$0.27
\$2,500	\$0.68
\$5,000	\$1.35
\$10,000	\$2.70

## What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

**Infectious Condition Additional Benefit Rider** If you are diagnosed with a covered infectious condition COVID-19\* this pays a benefit. If you are hospitalized with a that covered infectious condition COVID-19\* and there is a room & board charge for that hospitalization, this pays a benefit. Confinement also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours.

A benefit is payable up to a maximum of 2 times per Covered Person per Policy Calendar year.

\*A COVID-19 diagnosis must be confirmed by a medical professional.

**Portability** If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

## Exclusions and limitations

here are no exclusions and limitations.

### Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/JimEllis>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-CI4-SCR-23; Benefit Enhancement Rider form #RL-CI4-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

### CI 2.1 Only

For the employees of Jim Ellis Atlanta, Inc.

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