

# Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: 1st Source Employee Management, Inc.  
Group Number: 695971

**There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help.** This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



Coverage is always  
Guaranteed Issue.



Employees get an annual  
Wellness Benefit of \$75 for  
completing an eligible health  
screening test.



Benefit payments go directly to  
you. Use them however you'd  
like!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to help lessen the financial impact of a covered illness.

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.

ReliaStar Life Insurance Company  
a member of the Voya® family of companies

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**VOYA**  
FINANCIAL

## How much coverage is available?

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

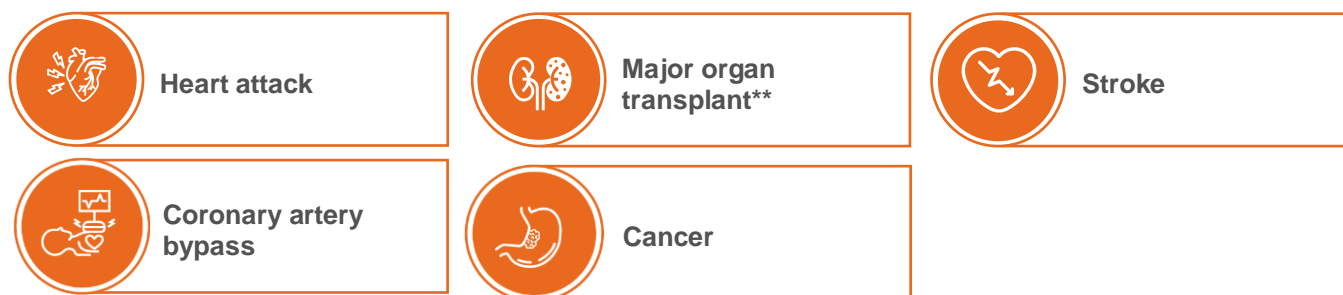
	Coverage Amount
For you	\$10,000 or \$20,000
Your spouse*	\$5,000 or \$10,000
Your children**	\$2,500 or \$5,000

\*Spouse\* may include domestic partners or civil union partners as defined by your employer's plan.

\*\*Child(ren) up to age 26.

## What's covered by Critical Illness Insurance?

Critical Illness Insurance provides a benefit payment for the diagnoses of a covered illness or condition such as:



## Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	25%

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

\*\* Listed in the certificate of coverage as "major organ transplant," which 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.

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

## How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

Employee Coverage Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider					
Non Tobacco			Tobacco		
Issue Age	\$10,000	\$20,000	Issue Age	\$10,000	\$20,000
Under 30	\$2.47	\$4.18	Under 30	\$3.25	\$5.75
30-39	\$3.39	\$6.02	30-39	\$4.96	\$9.16
40-49	\$6.48	\$12.21	40-49	\$9.99	\$19.22
50-59	\$11.93	\$23.10	50-59	\$18.58	\$36.39
60-64	\$16.55	\$32.33	60-64	\$26.33	\$51.90
65-69	\$22.04	\$43.32	65-69	\$32.01	\$63.25
70+	\$28.13	\$55.50	70+	\$40.64	\$80.52

Spouse Coverage* Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider					
Non Tobacco			Tobacco		
Issue Age	\$5,000	\$10,000	Issue Age	\$5,000	\$10,000
Under 30	\$1.57	\$2.38	Under 30	\$2.33	\$3.90
30-39	\$2.56	\$4.36	30-39	\$3.18	\$5.61
40-49	\$4.22	\$7.68	40-49	\$6.25	\$11.75
50-59	\$8.10	\$15.44	50-59	\$12.55	\$24.35
60-64	\$12.23	\$23.70	60-64	\$18.16	\$35.56
65-69	\$14.03	\$27.30	65-69	\$22.20	\$43.64
70+	\$19.52	\$38.28	70+	\$28.85	\$56.93

Children Coverage** Bi-Weekly Rates (26 pay periods) Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$2,500	\$0.20
\$5,000	\$0.39

\*Spouse rates are based on the age of the spouse.

\*\*Children birth to age 26; no limit to the number of children per family.

## What's new?

Your Critical Illness coverage now includes these benefits:

- A Sudden Cardiac Arrest benefit
- Molecular and Antigen testing for COVID-19 are now covered health screening tests for your annual Wellness Benefit
- There is no limit with the exception of skin cancer to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of 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.

## Schedule of Benefits

The table below presents a more detailed list of the conditions covered under Critical Illness Insurance. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the 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.

Covered Condition	% of Benefit
<b>Base Module</b>	
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	25%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	25%
Carcinoma in situ	25%
<b>Major Organ Module</b>	
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%

### Enhanced Cancer Module

Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%

### Quality of Life Module

Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	100%
Advanced dementia, including Alzheimer's disease	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	100%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%
Occupational HIV	100%
Occupational Hepatitis B or C	100%

\* 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, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

## Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%

## Multiple benefit payments

You may receive a lump-sum benefit payment for each covered condition. The number of times a benefit is payable for each covered condition is unlimited to the number of payments you may receive for each covered condition under your plan. Additional details are provided in the certificate of coverage.

## What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits. 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.



**Receive \$75 to  
use however  
you'd like**

### Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is \$75.
- Spouse's benefit amount is \$75.
- Children receive 50% of your benefit amount per child.

In Washington, the wellness Benefit is available through a Health Screening Benefit Rider for an additional cost.

## Exclusions and limitations

There 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

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; 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

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