

Group Term Life Insurance

Explore Your Benefits & Costs



Group Name: Bella Care Hospice

Group Number: 740934

Class 2: All Full-Time Licensed OR Salary (30-Days) and Full-Time Non-Licensed OR Hourly (90-Days) Employees

You're committed to caring for your loved ones. If the future doesn't go the way you planned, **Group Term Life Insurance can help.** After a death, it provides a benefit payment to your beneficiary(ies) that can be used for funeral expenses, co-signed loan debt, future education, or whatever they choose.

This document includes expanded information about Group Term Life Insurance, such as how much it will cost, details about what's covered and what's excluded, and more. As you explore, keep in mind:



No medical questions or tests are required for basic coverage*



Accidental Death & Dismemberment coverage is also available



Keep your coverage even if you leave your employer

It's difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a simple way to stay covered in the coming year.

*If you choose coverage beyond the basic amount, you may need to answer questions about current and past health conditions and receive approval from the insurer. Learn more in the "Guaranteed Issue/Evidence of Insurability" section that follows.


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

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

Get basic coverage at no cost


Your employer is providing basic Group Term Life Insurance to you at no cost to you.
The basic coverage being offered to you is:

	Coverage Amount
 For you	A flat amount of \$10,000




Add supplemental coverage based on your needs

In addition to the basic coverage being provided at no cost to you, you have the opportunity to elect additional coverage called Supplemental Life Insurance. You may also add supplemental Accidental Death & Dismemberment Insurance, which provides the insured person or their beneficiary a payment separate from the life insurance benefit if the insured person dies or is severely injured in a covered accident.

When you enroll, you'll have the opportunity to choose up to the following amount(s):



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

	Coverage Amount	Guaranteed Issue Limit
 For you	\$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings	\$200,000
 Your spouse*	\$5,000 to a maximum of \$100,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life insurance amount.	\$30,000
 Your child(ren)*	Children from live birth to 26 years: Choice of \$2,000, \$4,000, \$6,000, \$8,000, or \$10,000	Evidence is not required for any amount less than or equal to the plan maximum

If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse benefit. Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child. Coverage is available only if employee Supplemental Life Insurance is elected. If you are covered for employee Basic Life insurance, you may elect coverage even if you do not elect Supplemental Life Insurance coverage on yourself. If both parents are covered as employees, only one but not both may cover the same children. If the parent who is covering the children stops being insured as an employee, the other parent may apply for children's coverage.




Guaranteed-Issue Limit and Evidence of Insurability

The guaranteed-issue limit is the amount that’s available to new hires without providing evidence of insurability (EOI). To get coverage beyond this limit or add/increase coverage after this enrollment period, you’ll need to complete the EOI form for all applicable family members. This form includes questions about current and past health conditions. The insurer may request additional information before approving or denying coverage. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

If you enroll in employee supplemental life insurance when you are first eligible, you may elect to increase your coverage by All increased amounts at a subsequent scheduled annual enrollment without providing evidence of insurability.

Accidental Death & Dismemberment Insurance

In addition, you may make a separate election for Accidental Death & Dismemberment Insurance. With this coverage, the insured person or their beneficiary will receive a benefit payment separate from their life insurance benefit payment if a covered accident leads to severe injuries or death. You may choose up to the following amount(s):

Coverage Amount	
 For you	\$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings.
 Your spouse	\$5,000 to a maximum of \$100,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life insurance amount.
 Your child(ren)	Choice of \$2,000, \$4,000, \$6,000, \$8,000, or \$10,000

Age reductions

Benefit amount reduces to 65% of original coverage when the employee or spouse reaches employee age 65 and 50% at age 70. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts. “Age” refers to the employee or spouse’s age as of January 1 of each year.

What else is included?



**receive a
portion of
the benefit
early**

Accelerated Death Benefit

If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living. Receipt of the accelerated benefit may be taxable, or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.



**continue
coverage at
no cost**

Waiver of Premium benefit

If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums.



**keep
coverage if
employment
ends**

Continue or convert coverage

The portability provision allows for if your employment ends or you no longer meet your employer's eligibility criteria, you have the option to continue coverage by paying premiums directly to the insurance company. Or you may choose to convert coverage into an individual Whole Life Insurance policy. Coverage for your spouse or children is also available.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

The following non-insurance services are also provided:

Obtain support when experiencing a loss.

Bereavement Support, including Funeral Planning & Will Preparation

We work with Empathy to offer you Bereavement Support, including Funeral Planning & Will Preparation services. Combining technology and human care, Empathy helps families prepare for the future and navigate the emotional and practical challenges associated with loss.

From planning a funeral to the logistics of winding down an estate, Empathy offers an impactful solution to you and your family after the loss of a loved one. Empathy's bereavement support is also fully accessible to your loved ones, and various family members can share and join your account.

Bereavement Support, including Funeral Planning & Will Preparation services are provided by The Empathy Project, Inc., New York, NY.

Get resources for **counseling, legal support**, and much more.

Employee Assistance Program

Sometimes life gives us a bit more than we can handle. Employee Assistance Program resources are available to support you and your family with counseling, legal support and financial guidance. These resources can help improve your emotional well-being, and address personal, family and life issues.

Employee Assistance Program services are provided by ComPsych® Corporation, Chicago, IL.

Access **extra support** the next time you travel.

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance service such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc. Indianapolis, IN.

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.



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 (800) 955-7736
or go to <https://presents.voya.com/EBRC/BellaCareHospice>

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. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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Bi-Weekly Employee Life Premiums

Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Refer to Supplement Life Insurance product brochure for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Bi-Weekly Rate per											
\$1,000	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0231	<25	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
0.0277	25 - 29	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
0.0369	30 - 34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
0.0415	35 - 39	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
0.0748	40 - 44	\$0.75	\$1.50	\$2.24	\$2.99	\$3.74	\$4.49	\$5.23	\$5.98	\$6.73	\$7.48
0.1182	45 - 49	\$1.18	\$2.36	\$3.54	\$4.73	\$5.91	\$7.09	\$8.27	\$9.45	\$10.63	\$11.82
0.1758	50 - 54	\$1.76	\$3.52	\$5.28	\$7.03	\$8.79	\$10.55	\$12.31	\$14.07	\$15.83	\$17.58
0.2765	55 - 59	\$2.76	\$5.53	\$8.29	\$11.06	\$13.82	\$16.59	\$19.35	\$22.12	\$24.88	\$27.65
0.4385	60 - 64	\$4.38	\$8.77	\$13.15	\$17.54	\$21.92	\$26.31	\$30.69	\$35.08	\$39.46	\$43.85
With Age Reduction	Age	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
0.7278	65 - 69	\$4.73	\$9.46	\$14.19	\$18.92	\$23.66	\$28.386	\$33.12	\$37.85	\$42.58	\$47.31
With Age Reduction	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
1.2932	70 - 74	\$6.47	\$12.93	\$19.40	\$25.86	\$32.33	\$38.80	\$45.26	\$51.73	\$58.20	\$64.66
2.8085	75+	\$14.04	\$28.08	\$42.13	\$56.17	\$70.21	\$84.25	\$98.30	\$112.34	\$126.38	\$140.42

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Use this sample formula to calculate premium for benefit amounts over \$100,000

Bi-Weekly Rate per					
\$1,000	Age	X	Benefit in \$1,000's	=	Bi-Weekly Cost
0.0415	35	X	150	=	\$6.23
		X		=	

Dependent Child(ren) Benefit

Bi-Weekly Rate	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
0.0757	\$0.15	\$0.30	\$0.45	\$0.61	\$0.76

Refer to the Voya Employee Benefits product brochures, certificates of coverage and any riders for a complete list of coverage, along with provisions, exclusions & limitations. Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. All coverage is subject to the terms & conditions of the group policy. Product availability and specific provisions may vary by state.

Bi-Weekly Spouse Life Premiums

Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on the spouse's age
Refer to Supplement Life Insurance product brochure for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Bi-Weekly Rate per											
\$1,000	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0231	<25	\$0.12	\$0.23	\$0.35	\$0.46	\$0.58	\$0.69	\$0.81	\$0.92	\$1.04	\$1.15
0.0277	25 - 29	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$1.25	\$1.38
0.0369	30 - 34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
0.0415	35 - 39	\$0.21	\$0.42	\$0.62	\$0.83	\$1.04	\$1.25	\$1.45	\$1.66	\$1.87	\$2.08
0.0748	40 - 44	\$0.37	\$0.75	\$1.12	\$1.50	\$1.87	\$2.24	\$2.62	\$2.99	\$3.36	\$3.74
0.1182	45 - 49	\$0.59	\$1.18	\$1.77	\$2.36	\$2.95	\$3.54	\$4.14	\$4.73	\$5.32	\$5.91
0.1758	50 - 54	\$0.88	\$1.76	\$2.64	\$3.52	\$4.40	\$5.28	\$6.15	\$7.03	\$7.91	\$8.79
0.2765	55 - 59	\$1.38	\$2.76	\$4.15	\$5.53	\$6.91	\$8.29	\$9.68	\$11.06	\$12.44	\$13.82
0.4385	60 - 64	\$2.19	\$4.38	\$6.58	\$8.77	\$10.96	\$13.15	\$15.35	\$17.54	\$19.73	\$21.92
With Age Reduction	Age	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
0.7278	65 - 69	\$2.37	\$4.73	\$7.10	\$9.46	\$11.83	\$14.19	\$16.56	\$18.92	\$21.29	\$23.66
With Age Reduction	Age	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
1.2932	70 - 74	\$3.23	\$6.47	\$9.70	\$12.93	\$16.17	\$19.40	\$22.63	\$25.86	\$29.10	\$32.33
2.8085	75+	\$7.02	\$14.04	\$21.06	\$28.08	\$35.11	\$42.13	\$49.15	\$56.17	\$63.19	\$70.21

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Use this sample formula to calculate premium for benefit amounts over \$100,000

Bi-Weekly Rate per					
\$1,000	Age	X	Benefit in \$1,000's	=	Bi-Weekly Cost
0.0415	35	X	75	=	\$1.45
		X		=	

Dependent Child(ren) Benefit

Bi-Weekly Rate	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
0.0757	\$0.15	\$0.30	\$0.45	\$0.61	\$0.76

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Bi-Weekly Employee, Spouse and Child(ren) AD&D Premiums

Life Premium for sample benefit amounts

Voluntary AD&D - Employee	
Coverage Amount	Bi-Weekly Premium (all ages)
\$5,000	\$0.07
\$10,000	\$0.13
\$20,000	\$0.27
\$30,000	\$0.40
\$40,000	\$0.54
\$50,000	\$0.67
\$60,000	\$0.80
\$70,000	\$0.94
\$80,000	\$1.07
\$90,000	\$1.20
\$100,000	\$1.34
\$110,000	\$1.47
\$120,000	\$1.61
\$130,000	\$1.74
\$140,000	\$1.87
\$150,000	\$2.01
\$160,000	\$2.14
\$170,000	\$2.28
\$180,000	\$2.41
\$190,000	\$2.54
\$200,000	\$2.68

Voluntary AD&D - Child(ren)	
Coverage Amount	Bi-Weekly Premium (all ages)
\$2,000	\$0.03
\$4,000	\$0.05
\$6,000	\$0.08
\$8,000	\$0.11
\$10,000	\$0.13

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Voluntary AD&D - Spouse	
Coverage Amount	Bi-Weekly Premium (all ages)
\$5,000	\$0.07
\$10,000	\$0.13
\$15,000	\$0.20
\$20,000	\$0.27
\$25,000	\$0.33
\$30,000	\$0.40
\$35,000	\$0.47
\$40,000	\$0.54
\$45,000	\$0.60
\$50,000	\$0.67
\$55,000	\$0.74
\$60,000	\$0.80
\$65,000	\$0.87
\$70,000	\$0.94
\$75,000	\$1.00
\$80,000	\$1.07
\$85,000	\$1.14
\$90,000	\$1.20
\$95,000	\$1.27
\$100,000	\$1.34
\$105,000	\$1.41
\$110,000	\$1.47
\$115,000	\$1.54
\$120,000	\$1.61
\$125,000	\$1.67
\$130,000	\$1.74
\$135,000	\$1.81
\$140,000	\$1.87
\$145,000	\$1.94
\$150,000	\$2.01
\$155,000	\$2.07
\$160,000	\$2.14
\$165,000	\$2.21
\$170,000	\$2.28
\$175,000	\$2.34
\$180,000	\$2.41
\$185,000	\$2.48
\$190,000	\$2.54
\$195,000	\$2.61
\$200,000	\$2.68