

Critical Illness Insurance

Explore Your Benefits & Costs

Group Name: Bergstrom, Inc.
Group Number: 725111
Class: All Full-Time Employees

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:

- No medical questions or tests are required for coverage.
- Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them however you'd like!

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 for added protection if one of the following covered conditions comes your way.

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.

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How much coverage is available?

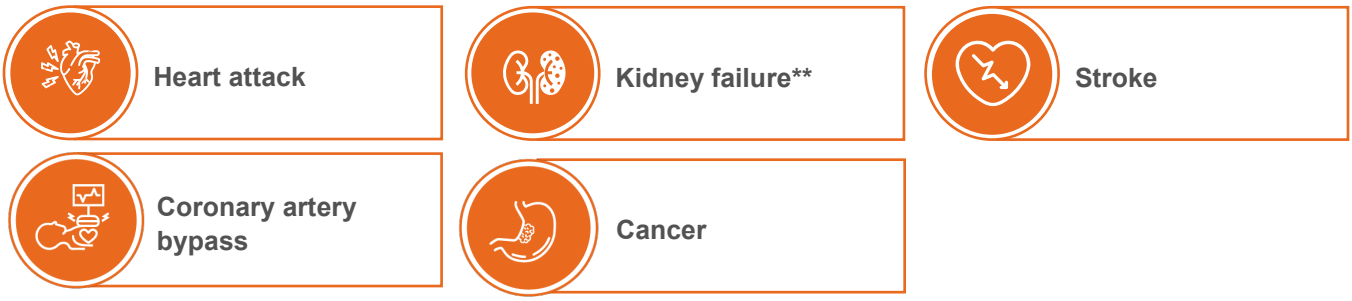
You have the option to enroll in coverage in the amounts below.

	Coverage Amount
For you	$10,000, $20,000, or $30,000
Your spouse*	50% of the Employee amount
Your children*	50% of the Employee amount

*Spouses up to age 70. *Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:



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%
Kidney failure**	100%
Coronary artery bypass	50%

* 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
Weekly Rates (52 pay periods)
Child Rate Embedded

Age	$10,000	$20,000	$30,000
Under 30	$0.78	$1.57	$2.35
30-39	$1.36	$2.72	$4.08
40-49	$2.86	$5.72	$8.58
50-59	$5.24	$10.48	$15.72
60-64	$7.36	$14.72	$22.08
65-69	$7.36	$14.72	$22.08
70+	$11.52	$23.03	$34.55

Spouse Coverage*
Weekly Rates (52 pay periods)

Age	$5,000	$10,000	$15,000
Under 30	$0.39	$0.78	$1.18
30-39	$0.68	$1.36	$2.04
40-49	$1.43	$2.86	$4.29
50-59	$2.62	$5.24	$7.86
60-64	$3.68	$7.36	$11.04
65-69	$3.68	$7.36	$11.04
70+	$5.76	$11.52	$17.27

Employee Coverage
Bi-Weekly Rates (26 pay periods)
Child Rate Embedded

Age	$10,000	$20,000	$30,000
Under 30	$1.57	$3.14	$4.71
30-39	$2.72	$5.45	$8.17
40-49	$5.72	$11.45	$17.17
50-59	$10.48	$20.95	$31.43
60-64	$14.72	$29.45	$44.17
65-69	$14.72	$29.45	$44.17
70+	$23.03	$46.06	$69.09

Spouse Coverage*
Bi-Weekly Rates (26 pay periods)

Age	$5,000	$10,000	$15,000
Under 30	$0.78	$1.57	$2.35
30-39	$1.36	$2.72	$4.08
40-49	$2.86	$5.72	$8.58
50-59	$5.24	$10.48	$15.72
60-64	$7.36	$14.72	$22.08
65-69	$7.36	$14.72	$22.08
70+	$11.52	$23.03	$34.55

*Spouses up to age 70. *Children birth to age 26; no limit to the number of children per family.

Schedule of Benefits

The table below outlines a more detailed list of what's covered. 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
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	50%
Carcinoma in situ	25%

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%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%
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	25%
Muscular dystrophy	25%
Infectious disease (hospitalization requirement)***	25%

* 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%

Multiple benefit payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of "different diagnosis" is provided in the certificate of coverage).

Total maximum benefit: The total maximum benefit amount is 2 times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

What else is included?

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

Receive $50 to use however you'd like

Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit of $50.
- Spouses receive an annual benefit of $50.
- Children receive 50% of your benefit amount per child, with an annual maximum of $100 for all children.

Keep coverage during a leave of absence

Continuation of Insurance

Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

Ready to Enroll?

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
  or go to https://presents.voya.com/EBRC/Bergstrom

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; Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

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