

Critical Illness Insurance

Explore Your Benefits & Costs



Providence
Schools

Group Name: City of Providence
Group Number: 723380
Class: City of Providence 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.

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

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How much coverage is available?

	Coverage Amount
For you	\$10,000, \$20,000, or \$30,000
Your spouse	50% of EE Benefit
Your children*	50% of EE Benefit


*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:

**Heart attack**

**Kidney failure****

**Stroke**

**Coronary artery bypass**

**Cancer**

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	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.


21 PAY PERIODS - Schools

<div>  <div>Employee Coverage 21 Pay Periods</div> </div>							
Non-Tobacco User				Tobacco User			
Age	\$10,000	\$20,000	\$30,000	Age	\$10,000	\$20,000	\$30,000
Under 25	\$1.54	\$3.09	\$4.63	Under 25	\$2.51	\$5.03	\$7.54
25-29	\$1.94	\$3.89	\$5.83	25-29	\$3.14	\$6.29	\$9.43
30-34	\$2.29	\$4.57	\$6.86	30-34	\$3.60	\$7.20	\$10.80
35-39	\$2.74	\$5.49	\$8.23	35-39	\$4.46	\$8.91	\$13.37
40-44	\$4.06	\$8.11	\$12.17	40-44	\$6.51	\$13.03	\$19.54
45-49	\$4.51	\$9.03	\$13.54	45-49	\$8.34	\$16.69	\$25.03
50-54	\$6.74	\$13.49	\$20.23	50-54	\$10.80	\$21.60	\$32.40
55-59	\$9.14	\$18.29	\$27.43	55-59	\$14.63	\$29.26	\$43.89
60-64	\$11.66	\$23.31	\$34.97	60-64	\$18.63	\$37.26	\$55.89
65-69	\$13.26	\$26.51	\$39.77	65-69	\$21.20	\$42.40	\$63.60
70+	\$16.23	\$32.46	\$48.69	70+	\$26.00	\$52.00	\$78.00

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

<div>  <div>Spouse Coverage* 21 Pay Periods</div> </div>							
Non-Tobacco User				Tobacco User			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
Under 25	\$0.77	\$1.54	\$2.31	Under 25	\$1.26	\$2.51	\$3.77
25-29	\$0.97	\$1.94	\$2.91	25-29	\$1.57	\$3.14	\$4.71
30-34	\$1.14	\$2.29	\$3.43	30-34	\$1.80	\$3.60	\$5.40
35-39	\$1.37	\$2.74	\$4.11	35-39	\$2.23	\$4.46	\$6.69
40-44	\$2.03	\$4.06	\$6.09	40-44	\$3.26	\$6.51	\$9.77
45-49	\$2.26	\$4.51	\$6.77	45-49	\$4.17	\$8.34	\$12.51
50-54	\$3.37	\$6.74	\$10.11	50-54	\$5.40	\$10.80	\$16.20
55-59	\$4.57	\$9.14	\$13.71	55-59	\$7.31	\$14.63	\$21.94
60-64	\$5.83	\$11.66	\$17.49	60-64	\$9.31	\$18.63	\$27.94
65-69	\$6.63	\$13.26	\$19.89	65-69	\$10.60	\$21.20	\$31.80
70+	\$8.11	\$16.23	\$24.34	70+	\$13.00	\$26.00	\$39.00

26 PAY PERIODS – City employees and Schools

Employee Coverage Bi-Weekly Rates (26 pay periods)							
 Providence Schools							
Non-Tobacco User				Tobacco User			
Age	\$10,000	\$20,000	\$30,000	Age	\$10,000	\$20,000	\$30,000
Under 25	\$1.25	\$2.49	\$3.74	Under 25	\$2.03	\$4.06	\$6.09
25-29	\$1.57	\$3.14	\$4.71	25-29	\$2.54	\$5.08	\$7.62
30-34	\$1.85	\$3.69	\$5.54	30-34	\$2.91	\$5.82	\$8.72
35-39	\$2.22	\$4.43	\$6.65	35-39	\$3.60	\$7.20	\$10.80
40-44	\$3.28	\$6.55	\$9.83	40-44	\$5.26	\$10.52	\$15.78
45-49	\$3.65	\$7.29	\$10.94	45-49	\$6.74	\$13.48	\$20.22
50-54	\$5.45	\$10.89	\$16.34	50-54	\$8.72	\$17.45	\$26.17
55-59	\$7.38	\$14.77	\$22.15	55-59	\$11.82	\$23.63	\$35.45
60-64	\$9.42	\$18.83	\$28.25	60-64	\$15.05	\$30.09	\$45.14
65-69	\$10.71	\$21.42	\$32.12	65-69	\$17.12	\$34.25	\$51.37
70+	\$13.11	\$26.22	\$39.32	70+	\$21.00	\$42.00	\$63.00

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

Spouse Coverage* Bi-Weekly Rates (26 pay periods)							
Non-Tobacco User				Tobacco User			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
Under 25	\$0.62	\$1.25	\$1.87	Under 25	\$1.02	\$2.03	\$3.05
25-29	\$0.78	\$1.57	\$2.35	25-29	\$1.27	\$2.54	\$3.81
30-34	\$0.92	\$1.85	\$2.77	30-34	\$1.45	\$2.91	\$4.36
35-39	\$1.11	\$2.22	\$3.32	35-39	\$1.80	\$3.60	\$5.40
40-44	\$1.64	\$3.28	\$4.92	40-44	\$2.63	\$5.26	\$7.89
45-49	\$1.82	\$3.65	\$5.47	45-49	\$3.37	\$6.74	\$10.11
50-54	\$2.72	\$5.45	\$8.17	50-54	\$4.36	\$8.72	\$13.08
55-59	\$3.69	\$7.38	\$11.08	55-59	\$5.91	\$11.82	\$17.72
60-64	\$4.71	\$9.42	\$14.12	60-64	\$7.52	\$15.05	\$22.57
65-69	\$5.35	\$10.71	\$16.06	65-69	\$8.56	\$17.12	\$25.68
70+	\$6.55	\$13.11	\$19.66	70+	\$10.50	\$21.00	\$31.50

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%
Sudden cardiac arrest	25%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	25%
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%

Coma	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	25%
Advanced dementia, including Alzheimer's disease	25%
Huntington's disease	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%

* 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	50%
Congenital birth defects	50%
Cystic fibrosis	50%
Down syndrome	50%
Gaucher disease, type II or III	50%
Infantile Tay-Sachs	50%
Niemann-Pick disease	50%
Pompe disease	50%
Sickle cell anemia	50%
Type 1 diabetes	50%
Type IV glycogen storage disease	50%
Zellweger syndrome	50%

Multiple benefit payments

You can receive a lump-sum benefit payment (up to 100% of the benefit amount associated with that condition) for each covered condition. The number of times a benefit is payable for each covered condition is unlimited, except for skin cancer. 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:



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.

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/cityofprovidence>

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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CI 2.1 Only

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