

# Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Utah County Government  
Group Number: 708259

**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 \$50 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

PLAN | INVEST | PROTECT



## How much coverage is available?

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

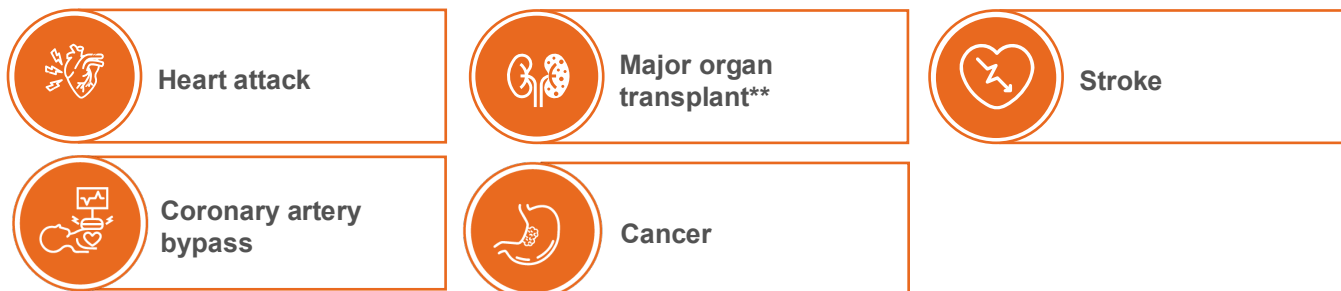
Coverage Amount	
For you	<ul style="list-style-type: none"> <li>\$10,000 or \$20,000 or \$30,000</li> </ul>
Your spouse*	<ul style="list-style-type: none"> <li>Choice of \$5,000 or \$10,000 or \$15,000</li> <li>The BENEFIT AMOUNT for your Spouse will not exceed 100% of your Employee BENEFIT AMOUNT.</li> </ul>
Your children**	<ul style="list-style-type: none"> <li>Choice of \$5,000 or \$10,000 or \$15,000</li> <li>The BENEFIT AMOUNT for your Children will not exceed 100% of your Employee BENEFIT AMOUNT.</li> </ul>

\*Spouses up to age 70. "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

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.

\*\* See definition under the Schedule of Benefits shown further in this document.

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							
Semi-Monthly Rates (26 pay periods)							
Includes Wellness Benefit Rider							
Non-Tobacco User				Tobacco User			
Attained Age	\$10,000	\$20,000	\$30,000	Attained Age	\$10,000	\$20,000	\$30,000
Under 25	\$1.95	\$3.90	\$5.85	Under 25	\$3.25	\$6.50	\$9.75
25-29	\$2.05	\$4.10	\$6.15	25-29	\$3.50	\$7.00	\$10.50
30-34	\$2.30	\$4.60	\$6.90	30-34	\$4.00	\$8.00	\$12.00
35-39	\$2.85	\$5.70	\$8.55	35-39	\$5.00	\$10.00	\$15.00
40-44	\$3.85	\$7.70	\$11.55	40-44	\$7.00	\$14.00	\$21.00
45-49	\$5.60	\$11.20	\$16.80	45-49	\$10.40	\$20.80	\$31.20
50-54	\$8.10	\$16.20	\$24.30	50-54	\$15.40	\$30.80	\$46.20
55-59	\$11.45	\$22.90	\$34.35	55-59	\$21.95	\$43.90	\$65.85
60-64	\$15.50	\$31.00	\$46.50	60-64	\$30.00	\$60.00	\$90.00
65-69	\$19.85	\$39.70	\$59.55	65-69	\$38.50	\$77.00	\$115.50
70+	\$27.05	\$54.10	\$81.15	70+	\$52.75	\$105.50	\$158.25

Spouse Coverage*							
Semi-Monthly Rates (24 pay periods)							
Includes Wellness Benefit Rider							
Non-Tobacco User				Tobacco User			
Attained Age	\$5,000	\$10,000	\$15,000	Attained Age	\$5,000	\$10,000	\$15,000
Under 25	\$1.00	\$2.00	\$3.00	Under 25	\$1.68	\$3.35	\$5.03
25-29	\$1.08	\$2.15	\$3.23	25-29	\$1.83	\$3.65	\$5.48
30-34	\$1.13	\$2.25	\$3.38	30-34	\$1.95	\$3.90	\$5.85
35-39	\$1.38	\$2.75	\$4.13	35-39	\$2.43	\$4.85	\$7.28
40-44	\$1.88	\$3.75	\$5.63	40-44	\$3.43	\$6.85	\$10.28
45-49	\$2.73	\$5.45	\$8.18	45-49	\$5.08	\$10.15	\$15.23
50-54	\$4.13	\$8.25	\$12.38	50-54	\$7.85	\$15.70	\$23.55
55-59	\$6.13	\$12.25	\$18.38	55-59	\$11.78	\$23.55	\$35.33
60-64	\$7.90	\$15.80	\$23.70	60-64	\$15.30	\$30.60	\$45.90
65-69	\$10.05	\$20.10	\$30.15	65-69	\$19.53	\$39.05	\$58.58
70+	\$13.78	\$27.55	\$41.33	70+	\$26.88	\$53.75	\$80.63

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

Children Coverage Semi-Monthly Rates (24 pay periods) Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$5,000	\$0.45
\$10,000	\$0.90
\$15,000	\$1.35

\*Spouses up to age 70.

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

## Schedule of Benefits

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses and conditions are broken out into groups called "modules". 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 complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

Covered Condition	% of Benefit
<b>Base Module</b>	
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	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	10%
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	10%
Pacemaker placement	10%

## Enhanced Cancer Module

Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	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. Acceptance to the UNOS (United Network for Organ Sharing) list is required for this determination. If you receive the transplant prior to placement on the network, the network requirement will be waived.

\*\*\* 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.

## 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. 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 \$50 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 \$50. Spouse's benefit amount is \$50.
- Children receive 50% of your benefit amount per child, with an annual maximum of \$100 for all children.



Take your coverage with you

### Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination 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

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
- or go to <https://presents.voya.com/EBRC/UtahCounty>

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-CERT-16; Spouse Critical Illness Rider form #RL-CI4-SPR-16; Children's Critical Illness Rider form #RL-CI4-CHR-16; Wellness Benefit Rider form #RL-CI4-WELL-16;; provisions and availability may vary by state and employer's plan.

#### CI 2.0 Only

Date Prepared: 10/24/2023

©2023 Voya Services Company. All rights reserved. CN2701860\_0225

213465\_021523

