# Critical Illness Insurance

**Explore Your Benefits & Costs**

Group Name: Corewell Health
Group Number: 706337

**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.
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- 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.

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PLAN I INVEST I PROTECT

## How much coverage is available?

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

| | Coverage Amount |
|---|---|
| For you | You can elect a critical illness benefit amount of Choice of $10,0000, $20,000 or $30,000 |
| Your spouse** | You can elect a spouse critical illness benefit amount of 100% of team member benefit |
| Your children* | You can elect a children's critical illness benefit amount of 50% of team member benefit |

*Child(ren) up to age 26.
**Spouse may include domestic partners or civil union partners as defined by your employer's plan.

## 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:

- **Heart attack**
- **Major organ transplant****
- **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% |
| Major organ transplant** | 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 team member age, and amount of coverage selected.

**Bi-Weekly Rates**
Team Member (TM): $10,000 Spouse (SP): $10,000 *Children (CH): $5,000

| Non-Tobacco User | | | | | Tobacco User | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Attained Age | TM Only | TM+SP | TM+CH | Family | Attained Age | TM Only | TM+SP | TM+CH | Family |
| Under 25 | $0.69 | $1.38 | $0.92 | $1.62 | Under 25 | $1.34 | $2.68 | $1.57 | $2.91 |
| 25-29 | $1.02 | $2.03 | $1.25 | $2.26 | 25 - 29 | $1.71 | $3.42 | $1.94 | $3.65 |
| 30-34 | $1.15 | $2.31 | $1.38 | $2.54 | 30 - 34 | $2.03 | $4.06 | $2.26 | $4.29 |
| 35-39 | $1.52 | $3.05 | $1.75 | $3.28 | 35 - 39 | $2.95 | $5.91 | $3.18 | $6.14 |
| 40-44 | $2.26 | $4.52 | $2.49 | $4.75 | 40 - 44 | $4.15 | $8.31 | $4.38 | $8.54 |
| 45-49 | $3.97 | $7.94 | $4.20 | $8.17 | 45 - 49 | $6.37 | $12.74 | $6.60 | $12.97 |
| 50-54 | $4.57 | $9.14 | $4.80 | $9.37 | 50 - 54 | $8.45 | $16.89 | $8.68 | $17.12 |
| 55-59 | $6.37 | $12.74 | $6.60 | $12.97 | 55 - 59 | $10.43 | $20.86 | $10.66 | $21.09 |
| 60-64 | $8.17 | $16.34 | $8.40 | $16.57 | 60 - 64 | $13.52 | $27.05 | $13.75 | $27.28 |
| 65-69 | $10.29 | $20.58 | $10.52 | $20.82 | 65 - 69 | $15.05 | $30.09 | $15.28 | $30.32 |
| 70+ | $13.80 | $27.60 | $14.03 | $27.83 | 70 + | $17.95 | $35.91 | $18.18 | $36.14 |

**Bi-Weekly Rates**
Team Member (TM): $20,000 Spouse (SP): $20,000 *Children (CH): $10,000

| Non-Tobacco User | | | | | Tobacco User | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Attained Age | TM Only | TM+SP | TM+CH | Family | Attained Age | TM Only | TM+SP | TM+CH | Family |
| Under 25 | $1.38 | $2.77 | $1.85 | $3.23 | Under 25 | $2.68 | $5.35 | $3.14 | $5.82 |
| 25-29 | $2.03 | $4.06 | $2.49 | $4.52 | 25 - 29 | $3.42 | $6.83 | $3.88 | $7.29 |
| 30-34 | $2.31 | $4.62 | $2.77 | $5.08 | 30 - 34 | $4.06 | $8.12 | $4.52 | $8.58 |
| 35-39 | $3.05 | $6.09 | $3.51 | $6.55 | 35 - 39 | $5.91 | $11.82 | $6.37 | $12.28 |
| 40-44 | $4.52 | $9.05 | $4.98 | $9.51 | 40 - 44 | $8.31 | $16.62 | $8.77 | $17.08 |
| 45-49 | $7.94 | $15.88 | $8.40 | $16.34 | 45 - 49 | $12.74 | $25.48 | $13.20 | $25.94 |
| 50-54 | $9.14 | $18.28 | $9.60 | $18.74 | 50 - 54 | $16.89 | $33.78 | $17.35 | $34.25 |
| 55-59 | $12.74 | $25.48 | $13.20 | $25.94 | 55 - 59 | $20.86 | $41.72 | $21.32 | $42.18 |
| 60-64 | $16.34 | $32.68 | $16.80 | $33.14 | 60 - 64 | $27.05 | $54.09 | $27.51 | $54.55 |
| 65-69 | $20.58 | $41.17 | $21.05 | $41.63 | 65 - 69 | $30.09 | $60.18 | $30.55 | $60.65 |
| 70+ | $27.60 | $55.20 | $28.06 | $55.66 | 70 + | $35.91 | $71.82 | $36.37 | $72.28 |

| Bi-Weekly Rates<br>Team Member (TM): $30,000 Spouse (SP): $30,000 *Children (CH): $15,000 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Non-Tobacco User | | | | | Tobacco User | | | | |
| Attained Age | TM Only | TM+SP | TM+CH | Family | Attained Age | TM Only | TM+SP | TM+CH | Family |
| Under 25 | $2.08 | $4.15 | $2.77 | $4.85 | Under 25 | $4.02 | $8.03 | $4.71 | $8.72 |
| 25-29 | $3.05 | $6.09 | $3.74 | $6.78 | 25 - 29 | $5.12 | $10.25 | $5.82 | $10.94 |
| 30-34 | $3.46 | $6.92 | $4.15 | $7.62 | 30 - 34 | $6.09 | $12.18 | $6.78 | $12.88 |
| 35-39 | $4.57 | $9.14 | $5.26 | $9.83 | 35 - 39 | $8.86 | $17.72 | $9.55 | $18.42 |
| 40-44 | $6.78 | $13.57 | $7.48 | $14.26 | 40 - 44 | $12.46 | $24.92 | $13.15 | $25.62 |
| 45-49 | $11.91 | $23.82 | $12.60 | $24.51 | 45 - 49 | $19.11 | $38.22 | $19.80 | $38.91 |
| 50-54 | $13.71 | $27.42 | $14.40 | $28.11 | 50 - 54 | $25.34 | $50.68 | $26.03 | $51.37 |
| 55-59 | $19.11 | $38.22 | $19.80 | $38.91 | 55 - 59 | $31.29 | $62.58 | $31.98 | $63.28 |
| 60-64 | $24.51 | $49.02 | $25.20 | $49.71 | 60 - 64 | $40.57 | $81.14 | $41.26 | $81.83 |
| 65-69 | $30.88 | $61.75 | $31.57 | $62.45 | 65 - 69 | $45.14 | $90.28 | $45.83 | $90.97 |
| 70+ | $41.40 | $82.80 | $42.09 | $83.49 | 70 + | $53.86 | $107.72 | $54.55 | $108.42 |

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

## 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 |
|---|---|
| Heart attack* | 100% |
| Cancer | 100% |
| Stroke | 100% |
| Sudden cardiac arrest | 100% |
| Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)** | 100% |
| Coronary artery bypass | 50% |
| Carcinoma in situ | 50% |
| 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 | 100% |
| Muscular dystrophy | 100% |
| Infectious disease (hospitalization requirement)*** | 25% |
| Addison's disease | 10% |
| Myasthenia gravis | 50% |
| Systemic lupus erythematosus (SLE) | 100% |
| 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 | 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, except for 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.

## 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.

**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.

| | |
|---|---|
| **Receive a benefit for an infectious condition** | **Infectious Condition Additional Benefit Rider**<br><br>If you are diagnosed with COVID-19**, this pays a benefit amount of $100. If you are hospitalized for COVID-19** and there is a room & board charge for the hospitalization, this pays a benefit amount of $1,000. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours.<br><br>A benefit is payable up to a maximum of 1 time per covered person, per calendar year."<br><br>**When you have the ICBR and the Infectious Disease Benefit**<br><br>The Infectious Condition Additional Benefit Rider is payable if you are hospitalized for COVID-19** and there is a room & board charge for that hospitalization. Confinement is specifically defined in the certificate and also includes assignment to an observation unit in a Hospital for at least 20 consecutive hours.<br><br>The Infectious Disease benefit under the Quality of Life module is payable when diagnosis of a severe infectious disease by a doctor results in confinement to a Hospital or a transitional facility for 5 or more consecutive days.<br><br>Based on the provisions of your certificate of coverage and rider, you may be eligible to receive benefits under both if you are diagnosed and hospitalized for a covered infectious disease or condition. Note that these are not coordinated benefits and eligibility for one does not assume or mean eligibility for the other. For a complete description of your benefits, along with applicable provisions, condition on benefit determination, exclusions and limitations, see your certificate of coverage and any riders.<br><br>****A COVID-19 diagnosis must be confirmed by a medical professional.** |

## Exclusions and limitations

There are no exclusions and limitations.*

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

## 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/CorewellHealth

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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