

Group Name: Central New Mexico Community College (CNM)

Group Number: 712116

Class: All Active Eligible Employees

## Critical Illness Insurance

# Help minimize the financial stress that may follow the diagnosis of a serious illness



### What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. 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.



### What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack\*
- Cancer
- Stroke
- Major organ transplant\*\*
- Coronary artery bypass (25%)
- Carcinoma in situ (25%)
- Severe burns
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow transplant (25%)
- Stem cell transplant (25%)
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma

### Covered conditions for your insured children:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease - Type II or III, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Sickle cell anemia, Type 1 diabetes, Type IV Glycogen Storage Disease, Zellweger syndrome

For a list of standard exclusions and limitations, please refer to the limitations and 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.



### Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$100 for employees, \$100 for spouses, 50% of your benefit amount with an annual maximum of \$200 for all children. per policy per calendar year

\* A sudden cardiac arrest is not in itself considering 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, 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.

## Who can be covered and how much coverage can I get?

You have the option to enroll in additional supplemental coverage in the amount(s) below:	
<b>You</b>	Choice of \$10,000 or \$20,000 or \$30,000
<b>Your spouse*</b>	Choice of \$5,000 or \$10,000 or \$15,000
<b>Your children*</b>	Choice of \$5,000 or \$10,000 or \$15,000

\* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

## How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. Your rates could increase as you enter into a new age band based on provisions in your certificate of coverage.

Employee Coverage Monthly Rates Includes Wellness Benefit Rider			
Attained Age	\$10,000	\$20,000	\$30,000
Under 30	\$3.72	\$5.72	\$7.72
30-39	\$4.22	\$6.72	\$9.22
40-49	\$6.72	\$11.72	\$16.72
50-59	\$13.82	\$25.92	\$38.02
60-64	\$21.12	\$40.52	\$59.92
65-69	\$28.32	\$54.92	\$81.52
70+	\$38.42	\$75.12	\$111.82

Spouse Coverage* Monthly Rates Includes Wellness Benefit Rider			
Attained Age	\$5,000	\$10,000	\$15,000
Under 30	\$2.72	\$3.72	\$4.72
30-39	\$2.92	\$4.12	\$5.32
40-49	\$4.22	\$6.72	\$9.22
50-59	\$7.72	\$13.72	\$19.72
60-64	\$11.42	\$21.12	\$30.82
65-69	\$15.02	\$28.32	\$41.62
70+	\$20.02	\$38.32	\$56.62

Children Coverage Monthly Rates Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$5,000	\$2.60
\$10,000	\$5.20
\$15,000	\$7.80

## How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions, and each condition has a total maximum benefit amount. You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits (A definition of "different diagnosis" is provided in the certificate of coverage).

The total maximum benefit amount for each condition is 2 times the benefit amount you're enrolled in. Once this maximum for each covered condition has been reached, no further benefits are payable for that covered condition.

## What else is included?

The benefits below are also included with your coverage. 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.

**Portability** If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, 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.

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

## 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 visit <https://presents.voya.com/EBRC/CentralNewMexicoCommunityCollege>

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.



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; Continuation of Insurance Rider form #RL-CI4-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

### CI 2.0 Only

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